

# K 55248

Lawrence M. Reiss, M.D., F.A.C.C.

921 NORTH 35TH AVENUE, SUITE 206  
HOLLYWOOD, FLORIDA 33021

City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/ Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

300002797493--7  
-03/08/99--D1092--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

*Diss  
3-10-99  
DHR*

FILED  
 99 MAR - 8 PM 2:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 23, 1999

LAWRENCE M. REISS, M.D., F.A.C.C.  
3880 N. 40 AVENUE  
HOLLYWOOD, FL 33021

SUBJECT: LAWRENCE M. REISS, M.D., P.A.  
Ref. Number: K55248

We have received your document for LAWRENCE M. REISS, M.D., P.A., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis  
Corporate Specialist Supervisor

Letter Number: 099A00008332

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION**

*Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:*

FIRST: The name of the corporation is: LAWRENCE M. REISS, M.D., P.A.

SECOND: The date dissolution was authorized: 12/25/98

THIRD: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by vote of the shareholders through voting groups.

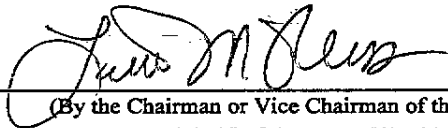
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signed this 30 day of December, 19 98

Signature



(By the Chairman or Vice Chairman of the Board, President, or other officer)

LAWRENCE M. REISS

(Typed or printed name)

PRESIDENT

(Title)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 MAR -8 PM 2: 19

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