

K 613 56

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

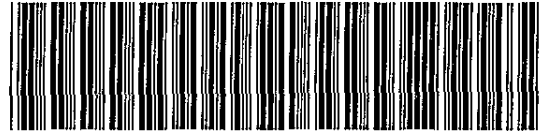
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000012976700

02/26/03--01049--014 **52.50

FILED
03 FEB 26 AM 10:04
CLERK OF COURT
TALLAHASSEE, FLORIDA

Rs 3/4/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Center for Eye Surgery, Inc.
(Name of Corporation)

DOCUMENT NUMBER: K61356

The enclosed Articles of Dissolution for a profit Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank J. Sinagra, Esquire
(Name of Person)

Haley, Sinagra, Paul & Toland, P.A.
(Name of Firm/Company)

100 S.E. Third Avenue, Suite 1900
(Address)

Fort Lauderdale, FL 33394
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank J. Sinagra at (954) 467-1300
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$52.50 made payable to the Florida Department of State. Please return one (1) certified copy of the dissolution in the enclosed self addressed stamped envelope.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

ARTICLES OF DISSOLUTION

FILED

03 FEB 26 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: The Center for Eye Surgery, Inc.

SECOND: The date dissolution was authorized: January 14, 2003

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 _____ day of _____, 2003.

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

Marvin Greenberg, M.D.

(Typed or printed name)

President & Director

(Title)