

12/31/2013 10:57 FAX 4074231831

DEAN MEAD ORLANDO

001/004

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

DISSOLUTION OR WITHDRAWAL
LAKE COUNTY ONCOLOGY AND HEMATOLOGY, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

SRL 027208/047639

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 02 2014

R. WHITE

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAKE COUNTY ONCOLOGY AND HEMATOLOGY, P.A.

DOCUMENT NUMBER: K97601

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

Please return all correspondence concerning this matter to the following:

Stephen R. Looney, Esq.

(Name of Contact Person)

Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.

(Firm/Company)

800 N Magnolia Avenue, Suite 1500

(Address)

Orlando, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen R. Looney at **(407) 428-5128**

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
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|--|---|---|---|

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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 as currently filed with the Florida Department of State:
Lake County Oncology and Hematology, P.A.

SECOND: The document number of the corporation (if known): K97601

THIRD: The date dissolution was authorized: December 31, 2013

Effective date of dissolution if applicable: December 31, 2013

(no more than 90 days after dissolution file date)

FOURTH: 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 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)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Roy M. Ambinder, M.D.

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Lake County Oncology and Hematology, P.A. (the "Corporation").

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Detailed description of claim, date services or products relating to claim were provided to Corporation, and the amount of the claim against the Corporation, together with supporting documentation.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Lake County Oncology and Hematology, P.A.

c/o Watkins, Pagano & Associates, P.A.

853 N. State Road 434

Altamonte Springs, FL 32714

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Roy M. Ambinder, M.D., Vice President

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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