

L20649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

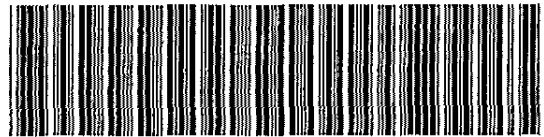
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/02/04--01016--004 **35.00

FILED
04 DEC -2 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
12-15-04

V. D. S.
12/18

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Turner Arthritis Associates, Chartered

DOCUMENT NUMBER: L 20649

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

Please return all correspondence concerning this matter to the following:

Robert A. Turner, M.D.

(Name of Person)

(Name of Firm/Company)

2223 Embassy Drive

(Address)

West Palm Beach, FL 33401

(City/State/and Zip Code)

For further information concerning this matter, please call:

Robert Turner, M.D. at (561) 687-3619

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State: Turner Arthritis Associates, Chartered

SECOND: The document number of the corporation (if known): 120649

THIRD: The date dissolution was authorized: 11/29/04

Effective date of dissolution if applicable: 12/15/04
(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 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 29th day of November, 2,004

Signature: Robert A. Turner, M.D.

(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)

Robert A. Turner, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
04 DEC 2004
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
PH 4:50

EFFECTIVE DATE
12-15-04