1.73452

(Re	equestor's Name)	
(Ac	ddress)	
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ALLAHASSEE, FLORIDA

T. Reberts NOV 30 2011

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: Dissolution	
DOCUMENT NUMBER: L73452	
The enclosed Articles of Dissolution and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	natter to the following:
Dr. Lucien Armand	
(Name of Contact	Person)
N/A	
(Firm/Comp	pany)
2701 SW 52nd Way	
(Address)	
Plantation, FL 33317	
(City/State and Z	Zip Code)
For further information concerning this matter, ple	ase call:
	435-5654
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cert (Add	.75 Filing Fee & \$\sum \\$52.50 Filing Fee, ified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:		
	Lucien Armand, M.D.,, P.A.		
SECOND:	The document number of the corporation (if known): L73452		
THIRD:	The file date of the articles of incorporation: 05/14/1990		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	(CHECK AT LEAST ONE BOX) V None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.			
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	✓ A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sign	ature: (By a director, president of 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.)		
	Dr. Lucien Armand		
	(Typed or printed name of person signing)		
	DR		
	(Title of Person Signing)		

Filing Fee: \$35