## m05843

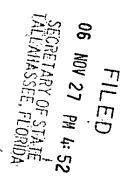
(Re	questor's Name)	
(Ad	dress)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		





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11/27/06--01019--017 \*\*43.75





## **COVER LETTER**

**TO:** Amendment Section

**Division of Corporations** SUBJECT: Dissolution of Chester H. Morris, M.D., P.A. DOCUMENT NUMBER: M05843 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Chester H. Morris (Name of Contact Person) (Firm/Company) 734 NE 119th Street (Address) Biscayne Park, Florida 33161 (City/State and Zip Code) For further information concerning this matter, please call: Chester H. Morris (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: . □\$35 Filing Fee ☑\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

## 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:		
	Chester H. Morris, M.D. , P.A.			
SECOND:	The document number of the corporation (if known): M05843			
THIRD:	The date dissolution was authorized: November 30, 2006			
	Effective date of dissolution if applicable: (no more than 90 days after dissolution)	n file date)	•	
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes case was sufficient for approval.	t for dissolutio	n	
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled 6		
	The number of votes cast for dissolution was sufficient for approval by	FILED NOV 27 PM		
	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)	4: 52 <sub>+</sub>		
	Chester H. Morris			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

Filing Fee: \$35

## **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: Chester H. Morris, M.D., P.A. 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: Basis of claim and copies of unpaid invoices. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Chester H. Morris 734 NE 119th Street Biscayne Park, Florida 33161 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. Chester H. Morris Printed Name of the Person Filing

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