

m26314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

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2009 APR 28 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASR
5/5/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Voluntary Dissolution Of Cooperation

DOCUMENT NUMBER: M26314

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

Please return all correspondence concerning this matter to the following:

Dr. Elda Calzadilla

(Name of Contact Person)

Dade Kendall Home Healthcare

(Firm/Company)

7324 S.W. 48st.

(Address)

Miami Fla. 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

Elda Calzadilla

(Name of Contact Person)

at (305) 801-5762

(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, 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:

The Dental Office Of Dr. Elda Calzadilla, P.A.

SECOND: The document number of the corporation (if known): M26314

THIRD: The file date of the articles of incorporation: 01/23/1986

FOURTH: (CHECK AT LEAST ONE BOX)

☒ 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.

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.)

Dr. Elda Calzadilla

(Typed or printed name of person signing)

PD

(Title of Person Signing)

Filing Fee: \$35

ARTICLES OF DISSOLUTION

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

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2009 APR 28 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State
The Dental Office of Dr. Calzadilla, P.A.

SECOND: The document number of the corporation (if known): M26314

THIRD: The date dissolution was authorized: 12/31/2008

Effective date of dissolution if applicable: 12/31/2008
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

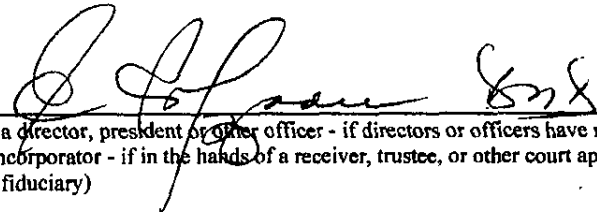
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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

N/A
(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)

Dr. Elda Calzadilla
(Typed or printed name of person signing)

PD
(Title of person signing)

Filing Fee: \$35