## M81419

,				
(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

UBJECT: PROCESS ARTICLES OF DISSOLUTION
OCUMENT NUMBER: M81419
he enclosed Articles of Dissolution and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
CESAR E VARGAS, MD
(Name of Contact Person)
CESAR VARGAS, M.D., P.A.
(Firm/Company)
O Box 11
(Address)
AKE BUTLER, FL 32054-0011
(City/State and Zip Code)
or further information concerning this matter, please call:
ALEX O CARDENAS at ( 210 ) 320-4729
(Name of Contact Person) (Area Code & Daytime Telephone Number)
nclosed is a check for the following amount:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \sum \\$43.75 Filing Fee & \sum \\$52.50 Filing Fee,  Certificate of Status Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:  Amendment Section  Division of Corporations  Division of Corporations

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

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 Departm	ent of	State:	
	CESAR VARGAS, M.D., P.A			
SECOND:	The document number of the corporation (if known): M81419			
THIRD:	The file date of the articles of incorporation: May 18, 1988			
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.			
	The net assets of the corporation remaining after winding up have been d to the shareholders, if shares were issued.	TECRE	AC 1085	48-17
SEVENTH:	Adoption of Dissolution (CHECK ONE)	TARY	N 12	r
	A majority of the incorporators authorized the dissolution.	OF S	AMI	רכ
	A majority of the directors authorized the dissolution.	TATE ORIDA	AH 11: 52	
Signa	ature: Cesar Daninges MD			
	(By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	an incorp	porator	- if
	CESAR E VARGAS, MD			
	(Typed or printed name of person signing)			
	President Usar 2 Hunger MD			
	(Title of Person Signing)			

Filing Fee: \$35