

NO9000004242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

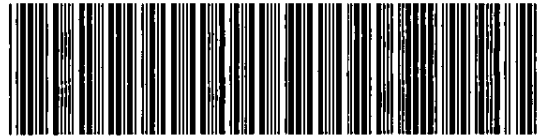
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 FEB 16 PM 12:30

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D. CONNELL FEB 17 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2010

EMILY RUBERSTEIN
347 N. NEW RIVER DR. EAST
UNIT 2201
FT. LAUDERDALE, FL 33301

SUBJECT: NOVA RESIDENT DERMATOLOGY ASSOCIATION INC.
Ref. Number: N09000004242

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 210A00002738

RECEIVED
FEB 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NOVA RESIDENT DERMATOLOGY ASSOCIATION INC.

DOCUMENT NUMBER: NO9000004242

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

Please return all correspondence concerning this matter to the following:

EMILY RUBENSTEIN
(Name of Contact Person)

NOVA RESIDENT DERMATOLOGY ASSOCIATION
(Firm/Company)

347 N. NEW RIVER DR. E UNIT 2201
(Address)

FORT LAUDERDALE, FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

EMILY RUBENSTEIN at (773) 415-5555
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

10 FEB 16 PM 12:30
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
PALM BEACH COUNTY, FLORIDA

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
NOVA RESIDENT DERMATOLOGY ASSOCIATION INC.

SECOND: The document number of the corporation (if known): NO9 000004242

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☒ The date of the meeting of members at which the resolution to dissolve was adopted
NOVEMBER 22, 2009. The number of votes cast by the
members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in
accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 11/22/09.

The number of directors in office was 3 and the vote for resolution was
3 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: NOV 22, 2009
(no more than 90 days after dissolution file date)

Signature



(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

EMILY RUBENSTEIN

(Typed or printed name of the person signing)

DIRECTOR

(Title of person signing)

FILING FEE: \$35