

N930000004180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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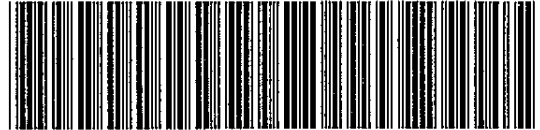
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

04 OCT 11 AM 10:02

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PS 10/11/04  
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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 20, 2004

PAUL D SELTZER, D.O.  
ATTN: PAUL D SELTZER D.O.  
2051 45TH ST #101  
WEST PALM BEACH, FL 33407

SUBJECT: FIPA REGION #9, INC.  
Ref. Number: N93000004180

We have received your document for FIPA REGION #9, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution for a nonprofit corporation must comply with either section 617.1401 or 617.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6957.

Pamela Smith  
Document Specialist

Letter Number: 104A00055404

RECEIVED  
JUL 11 AM 9:48  
DIVISION OF CORPORATIONS

**PAUL D. SELTZER, D.O.**

**ORTHOPEDIC, JOINT AND HAND SURGERY**

Telephone (561) 848-0330

2051 Forty-Fifth Street, Suite 101  
West Palm Beach, FL 33407-2028

September 9, 2004

Florida Dept of State  
Amendment Section - Div of Corp.  
Po Box 6327  
Tallahassee FL 32314

Re: IPA & PIPA

To Whom It May Concern:

Please find enclosed dissolution papers with attached checked.

We are requesting that a certified copy of the dissolution (checks enclosed) be mailed to us at:

IPA C/O Paul Seltzer D.O.  
2051 45<sup>th</sup> St. #101  
West Palm Beach, FL 33407

Thank you for your time.



Paul D. Seltzer D.O.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION**

*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 is FIPA REGION #9, INC.

SECOND: Adoption of dissolution  
(Complete Section I or II)

**SECTION I**

**If the corporation has members entitled to vote:**

The date of the meeting of members at which the resolution to dissolve was adopted  
7-21-04

(CHECK ONE)

- ☒ The number of votes cast for dissolution was sufficient for approval.
- ☐ The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

**SECTION II**

**If the corporation has no members or members with voting rights:**

The corporation has no members or members with voting rights.

The date of adoption of the resolution by the board of directors was \_\_\_\_\_

The number of directors in office was \_\_\_\_\_ and the vote for the resolution  
was \_\_\_\_\_ for and \_\_\_\_\_ against.

Signed this 5th day of October

Signature   
(By the Chairman or Vice Chairman of the Board, President or other officer)

Paul D. Seltzer D.O.  
(Typed or printed name)

President

(Title)