

MEYER AND BROOKS, P.A.
ATTORNEYS AT LAW

2544 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FLORIDA 32301
850/878-5212

RONALD G. MEYER
THOMAS W. BROOKS
ANTHONY D. DENMA
ROBERT J. SNIDER

MAILING ADDRESS:
POST OFFICE BOX 1547
TALLAHASSEE, FLORIDA 32302
FAX: 850/656-6750

N96000002928

November 17, 1997

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Dissolution of Federation of Physicians and Dentists IPA, Inc.
Document No: N96000002928

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV 19 AM 8:23

Dear Sir or Madam:

Please find enclosed the Articles of Dissolution for the above-referenced non-profit corporation along with an Affidavit making that corporate name available to any subsequent incorporator and a check for \$35.00 for processing of this dissolution. I note that I have also enclosed under separate cover the Articles of Incorporation for a new, for-profit corporation of the same name to be formed after dissolution of the previous entity using that name.

Please contact me at (850) 878-5212 if you have questions or need additional information to process these items.

Sincerely,

Anthony D. Denma

Anthony D. Denma

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ADD/jg
Enclosures

Diss.

11-25-97
CC

RECEIVED
97 NOV 19 PM 10:03
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is Federation of Physicians and Dentists IPA, 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 was 10/9/97.

(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 member 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 _____ day of _____, 19____.

Signature

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

John J. Seddon

Typed or printed name

Executive Director

Title

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV 19 AM 8:23


AFFIDAVIT

STATE OF FLORIDA
COUNTY OF LEON

Before me personally appeared **JOHN J. SEDDON**, who, after being duly sworn, states the following:

1. My name is John J. Seddon and I am currently the Executive Director of the Federation of Physicians and Dentists IPA, Inc. (FPD IAP, Inc.), a Florida non-profit corporation for which Articles of Dissolution have recently been voluntarily filed.
2. FPD IPA, Inc. has no plans to reorganize as a non-profit corporation and hereby makes its name available for immediate use by anyone seeking to incorporate under that name.

FURTHER AFFIANT SAYETH NAUGHT.


John J. Seddon
Executive Director of FPD IPA, Inc.

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument was acknowledged before me on this 24th day of November, 1997, by John J. Seddon, ✓ who is personally known to me OR who has produced satisfactory evidence of identification (check one) and who did OR did not (check one) take an oath stating that the foregoing was executed for the purposes stated therein.

Type of Identification Produced: _____

Armen J. Sheno
NOTARY PUBLIC

PRINTED NAME

My Commission Expires:

