

N98000006364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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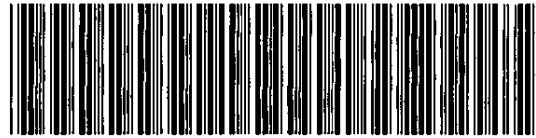
(Business Entity Name)

(Document Number)

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06 MAY 16 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PAID MAY 20 2006

Dis

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Voluntary Dissolution

**DOCUMENT NUMBER:** N98000006364

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

Please return all correspondence concerning this matter to the following:

William R. Huseman, Esq.

(Name of Contact Person)

Huseman & Marquinez, P.A.

(Firm/Company)

3733 University Blvd. W. Ste. 210B

(Address)

Jacksonville, FL 32217

(City/State and Zip Code)

For further information concerning this matter, please call:

William R. Huseman, Esq. at ( 904 ) 448-5552

(Name of Contact Person)

(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 617.1401, 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:

The Florida Physicians Union, Inc.

SECOND: The document number of the corporation (if known): N98000006364

THIRD: The file date of the articles of incorporation: 11/05/1998

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**  
(Note: Cannot be authorized by an incorporator if the corporation has directors)

- ☒ The dissolution was authorized by a majority of the directors:  
OR
- ☐ The dissolution was authorized by an incorporator.
- ☐ The dissolution was authorized by a majority of the incorporators.

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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)

Donald S. Freedman, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**