

P00000003199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Manuel Vega GAVE

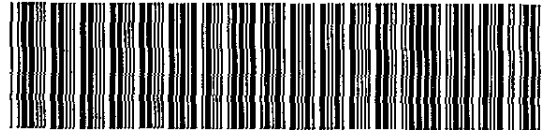
AUTHORIZATION BY PHONE TO 607.1403 File

CONNECT Return address changed

DATE 04/15/05

BY EXAM J Connell

Office Use Only



000049795550

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 APR -7 AM 10:58

04/07/05--01056--015 **52.50

Volum.
Diss.
w/Notice
04/15/05
Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Manuel Vega and Radames Lopez, MDS, P.A.

DOCUMENT NUMBER: P000000003199

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

Please return all correspondence concerning this matter to the following:

Manuel Vega MD
(Name of Person)

Manuel Vega and Radames Lopez, MDS, P.A.
(Name of Firm/Company)
6080 S.W. 40th street suite 9
7000 SW 62nd Avenue Suite 525
(Address) 33155
MIAMI, FL 33143
(City/State/and Zip Code)

For further information concerning this matter, please call:

Manuel Vega, M.D. at (305) 668-2144
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input 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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Manuel Vega and Badames Lopez, MDS, P.A.

SECOND: The document number of the corporation (if known): P0000000.3199

THIRD: The date dissolution was authorized: 4/6/05

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 6th day of APRIL, 2005

Signature: _____

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

Manuel Vega, M.D.
(Typed or printed name of person signing)

PRESIDENT / DIRECTOR
(Title of person signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 APR - 7 AM 10:58

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Manuel Vega and Radames Lopez, MDS, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.


Description of information that must be included in a claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Manuel Vega and Radames Lopez, MDS, P.A.
7000. SW 62nd Avenue
Suite 525
MIAMI, FL 33143

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Manuel Vega, M.D.
Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00