

P000000021033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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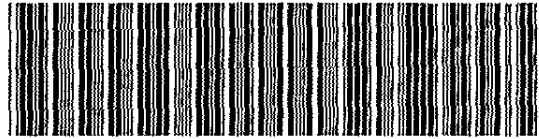
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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# PhysiMed, P.A.

**ROBERT R. SILVERA, M.D.**  
PHYSICAL MEDICINE AND REHABILITATION

— MAILING ADDRESS —  
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March 4, 2004

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Florida Department of State  
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Glenda E. Hood  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

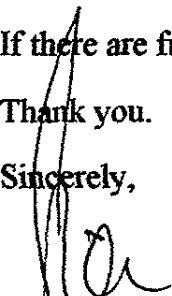
RE: LASERMED, Inc.

Please be advised that the corporation entitled LASERMED, Inc., has been dissolved as of 2/24/03 and all equipment has been sold.

If there are further questions, please contact my office.

Thank you.

Sincerely,

  
Robert R. Silvera, M. D.  
RRS:j

cc: Division of Corporations  
P. O. Box 6198  
Tallahassee, FL 32314-6198

— OFFICES LOCATED AT —

800 Zeagler Drive, Suite 610 • Palatka, FL 32177 • 386-325-8525  
2225 A1A South, Suite B6 • St. Augustine, FL 32086 • 904-461-6779



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 9, 2004

Robert R. Silvera, M.D.  
Physimed, P.A.  
P.O. Box 8095  
Palatka, FL 32178

SUBJECT: LASERMED, INC.  
Ref. Number: P00000021033

Enclosed is information on voluntarily dissolving the subject corporation.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 204A00015292

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** 204A 00015292

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

Please return all correspondence concerning this matter to the following:

Robert R. Silvera  
(Name of Person)

LaserMed Inc.  
(Name of Firm/Company)

P.O. Box 8095  
(Address)

Palatka FL 32178  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Beth McCubbin at (386) 325-8525  
(Name of 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, 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 Department of State:

LaserMed, Inc.

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

THIRD: The date dissolution was authorized: 2-24-03

Effective date of dissolution if applicable: 2-24-03  
(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.

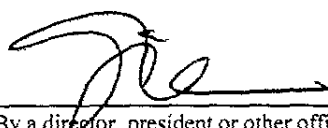
☐ Dissolution was approved by of the shareholders through voting groups.

*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

2  
(voting group)

Signed this 15 day of March, 2004.

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)

Robert R. Silvera M.D.  
(Typed or printed name of person signing)

President  
(Title of person signing)

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