



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FORMAL DISSOLUTION OF I. CORI BAILL, MD, PA.

**DOCUMENT NUMBER:** P00000025223

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

Please return all correspondence concerning this matter to the following:

I. CORI BAILL

(Name of Contact Person)

I. CORI BAILL MD, PA.

(Firm/Company)

244 SYLVAN BLVD

(Address)

WINTER PARK, FL. 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

I. CORI BAILL

(Name of Contact Person)

at ( 321 ) 662-8407

(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: JUN 11 PM 1:02

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

I. CORI BAILL, MD. PA.

SECOND: The document number of the corporation (if known): P00000025223

THIRD: The date dissolution was authorized: JUNE 1, 2014

Effective date of dissolution if applicable: JULY 1, 2014  
(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 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)

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)

I. CORI BAILL

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN 11 PM 1:02

## Notice of Corporate Dissolution

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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. 14 JUN 11 PM 4:02

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

Name of Corporation: I. CORI BAILL, MD. PA.

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:

1. Amount of Claim
2. Description of services or products rendered.
3. Copy of invoice or bill.
4. Statement narrative on why such invoice or bill is still  
outstanding, and efforts made to collect such sum


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

I. CORI BAILL, MD  
244 SYLVAN BLVD  
WINTER PARK, FL. 32789

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.

I. CORI BAILL

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**