

PO 0000049651

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2016 DEC 19 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/20/16

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** P00000049651

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

Please return all correspondence concerning this matter to the following:

Guy E. Whitesman

(Name of Contact Person)

Henderson, Franklin, Starnes & Holt, P.A.

(Firm/Company)

1715 Monroe Street

(Address)

Fort Myers, Florida 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

Guy E. Whitesman

(239) 344-1180

(Name of Contact Person) at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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 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:  
MATERNAL FETAL MEDICINE OF SOUTHWEST FLORIDA, P.A.

SECOND: The document number of the corporation (if known): P00000049651

THIRD: The date dissolution was authorized: DECEMBER 9, 2016

Effective date of dissolution if applicable: DECEMBER 31, 2016

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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: ✓

William F O'Brien MD

(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)

WILLIAM F. O'BRIEN, M.D.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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CLERK OF THE STATE  
TREASURER OF FLORIDA

**Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation, Maternal Fetal Medicine of Southwest Florida, P.A. for resolution of payment of unknown claims against this corporation as provided in s. 607.1407 FS.

Name of the Corporation: Maternal Fetal Medicine of Southwest Florida, 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:

- \* The subject matter of the claim.
- \* The date that the claim came into existence.
- \* The names of the people that are involved with the claim.
- \* Any other material information that pertains to the claim.

Mailing address where claims can be sent:

Henderson, Franklin, Starnes & Holt, P.A.  
1715 Monroe Street  
Fort Myers, FL 33901  
Attention: Guy E. Whitesman, Esq.

A claim against Maternal Fetal Medicine of Southwest Florida, P.A. will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

✓ William F. O'Brien  
Filed & Executed by:  
William F. O'Brien, President  
Maternal Fetal Medicine of  
Southwest Florida, P.A.