

PD10000011942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

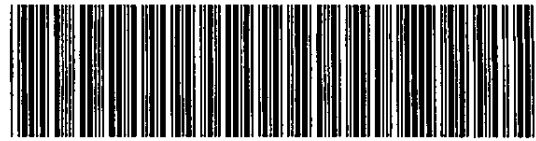
(Document Number)

Certified Copies _____

Certificates of Status _____

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FILED
2016 OCT 11 PM 12:30
STATE OF ALABAMA
TALLAHASSEE, FLORIDA

And Diss

OCT 13 2016

I ALBRITTON

West Coast Practice Management Services, P.A.
P.O. Box 49434
Sarasota, Florida 34230-6434
(941) 928-7463

September 6, 2016

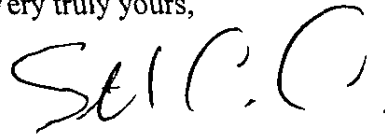
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

We are enclosing the Articles of Dissolution for West Coast Practice Management Services, P.A. for your filing. Our check for \$35.00 is enclosed for the following:

\$35.00 – Filing Fee

Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "S.C.C.", is written over the typed name.

Stephen C. Culp

Enclosure

ARTICLES OF DISSOLUTION

WEST COAST PRACTICE MANAGEMENT SERVICES, P.A.

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: West Coast Practice Management Services, P.A.

SECOND: The document number of the corporation: P01000011942

THIRD: The date dissolution was authorized: December 31, 2015

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 vote of the shareholders through voting groups.

Signature: _____

Stephen C. Culp
Stephen C. Culp, President

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