

P01000012919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

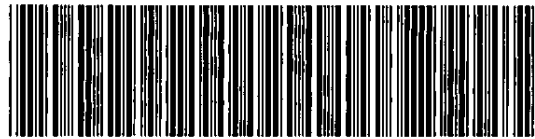
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/04/10--01021--019 \*\*35.00

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10 MAY -4 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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W/Notice

D. CONNELL MAY 06 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Michael I. Egdes, P.A.

**DOCUMENT NUMBER:** P01000012919

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

Please return all correspondence concerning this matter to the following:

Michael I. Egdes

(Name of Contact Person)

Michael I. Egdes, P.A.

(Firm/Company)

Post Office Box 2033

(Address)

Fort Lauderdale, FL 33303

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael I. Egdes

(Name of Contact Person)

at ( 954 ) 834-3554

(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

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:

Michael I. Egdes, P.A.

SECOND: The document number of the corporation (if known): P01000012919

THIRD: The date dissolution was authorized: April 30, 2010

Effective date of dissolution if applicable: April 30, 2010

(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)

Michael I. Egdes

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED  
10 MAY - 4 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: Michael I. Egdes, 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:

ALL of the following: (1) Claimant's name, telephone number, physical location and mailing address; (2) nature of Claimant's business; (3) Claimant's contact person or representative; (4) contact person's title, department, office hours, DIRECT (toll-free or collect) telephone and fax numbers, and e-mail address; (5) total amount of claim as well as a detailed breakdown of all charges; (6) description of goods and/or services provided by Claimant; (7) original or notarized copies of all agreements and documentation substantiating the total amount of the claim, including amount/s and itemized breakdown/s of each individual charge, date and place where each individual charge was initially incurred, signed and dated receipts and invoices indicating name/s of signatory for each charge; and (8) all previous correspondence relating to the claim.

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

Michael I. Egdes, P.A., Outstanding Claims

Attention: Michael I. Egdes

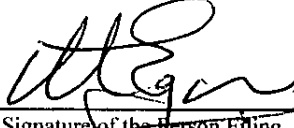
Post Office Box 2033

Fort Lauderdale, FL 33303

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.

Michael I. Egdes

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**