

PO1000012991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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(Business Entity Name)

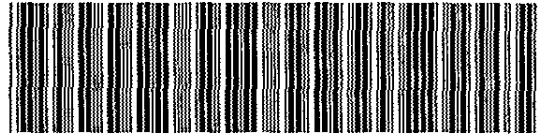
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04 MAY 26 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution

T BROWN JUN - 1 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of G. Byron Hodge Jr MOPA

DOCUMENT NUMBER: P01000012991

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

Please return all correspondence concerning this matter to the following:

G. Byron Hodge MD
(Name of Person)

G Byron Hodge MD PA
(Name of Firm/Company)

9037 Point Cypress Dr
(Address)

Orlando FL 32836
(City/State/and Zip Code)

For further information concerning this matter, please call:

G. Byron Hodge MD at (863) 603 6565
(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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

G. Byron Hodge, Jr., M.D., P.A.

SECOND: The document number of the corporation (if known): PO1000012991

THIRD: The date dissolution was authorized: Feb 14, 2004

Effective date of dissolution if applicable: March 15, 2004
(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

(voting group)

Signed this _____ day of _____

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)

G. Byron Hodge Jr MD

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35