

PO1000038527

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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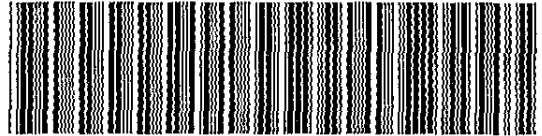
(Business Entity Name)

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Florida Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee FL 32314

EIN 65-1095305

8 Jan 03

Dear Official,

This letter is to advise you that I wish to dissolve my Chapter S Corporation effective 10 Jan 03. My EIN is noted above in the right hand corner. My articles of dissolution are attached.

I can be reached at (904) 287-2673 and my mailing address is:  
Carey Goodman, M.D.  
1066 Garrison Drive  
St Augustine, FL 32092

Enclosed is the filing fee of \$35.00  
Thanks,

  
Carey Goodman, M.D.

## 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 is: Carey Goodman, M.D., P.A.

SECOND: The date dissolution was authorized: January 10, 2003

THIRD: 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.

*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 8<sup>th</sup> day of January 2003

Signature   
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Carey Goodman  
(Typed or printed name)

President  
(Title)

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