

04/29/2015 11:24 FAX 4074231831

DEAN MEAD ORLANDO

0001

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000104650 3)))



H150001046503ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

DISSOLUTION OR WITHDRAWAL  
ROBERT S. GOLDIE, D.M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

SCL 0021156/035669

Electronic Filing Menu

Corporate Filing Menu

Help

(((H15000104650 3)))

FILED

15 APR 29 AM 8:40

**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:  
Robert S. Goldie, D.M.D., P.A.

**SECOND:** The document number of the corporation (if known): P01000063426

**THIRD:** The date dissolution was authorized: April 26, 2015

Effective date of dissolution if applicable: \_\_\_\_\_

(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

Signature:  (voting group)

(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)

Robert S. Goldie, D.M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

(((H15000104650 3)))

(((H15000104650 3)))

**Filing Fee: \$35**  
**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: Robert S. Goldie, D.M.D., 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:

Name and Address of Claimant

Basis/Proof of Claim

Amount of Claim

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

Robert S. Goldie, D.M.D.

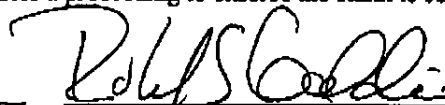
8801 Lake Sheen Court

Orlando, FL 32836

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.

Robert S. Goldie, D.M.D.

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**

1222262.pdf

(((H15000104650 3)))