

PO10000070611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

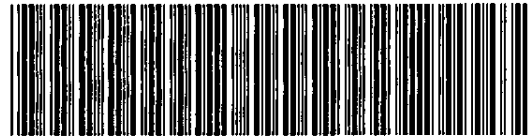
(Document Number)

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12/20/11--01007--002 **43.75

EFFECTIVE DATE
12-31-11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC 20 AM 9:12

FILED

D.S.S.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: N. JOSEPH ESPAT, MD, PA

DOCUMENT NUMBER: PD1000070611

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

Please return all correspondence concerning this matter to the following:

JOHN L. SALTER ESQ.
(Name of Contact Person)

LAW OFFICES OF JOHN L. SALTER PA
(Firm/Company)

285 NW 138th TERR., SUITE 100
(Address)

NEWBERRY FL 32669
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN SALTER at (352) 877-5102
(Name of Contact 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, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

EFFECTIVE DATE
12/31/11

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:

N. JOSEPH ESPAT, M.D., P.A.

SECOND: The document number of the corporation (if known): P01000070611

THIRD: The date dissolution was authorized: 12/16/2011

Effective date of dissolution if applicable: 12/31/2011
(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. (ONLY DR. ESPAT)

☐ 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)

N. Joseph ESPAT

(Typed or printed name of person signing)

President.

(Title of person signing)

Filing Fee: \$35

FILED
DEC 20 AM 9:12
TALLAHASSEE FL 32301