

PO1000094587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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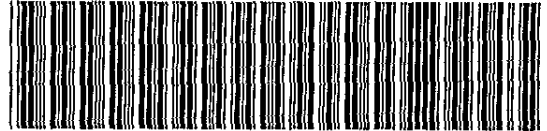
(Business Entity Name)

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**College  
Pathology  
Institute Inc.**

April 15, 2003

College Pathology Institute Inc.  
Correspondence  
23257 State Road 7 Suite 209B  
Boca Raton, FL 33428

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

To Whom It May Concern:

This letter is to file a dissolution for the corporation, College Pathology Institute, Inc. Correspondence may be mailed to the address above, or telephoned to Michele at 561-470-0822.

I have enclosed a check for \$35.00 for the dissolution filing and \$8.75 for a certified copy, totaling \$43.75.

Sincerely,

Michele Frohn

## 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: College Pathology  
Institute, Inc.

SECOND: The date dissolution was authorized: 10-18-02

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

Zeev Helfer  
(voting group)

Signed this 15 day of April, 2003.

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

ZEEV HELFER  
(Typed or printed name)

C.E.O.  
(Title)

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