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.

(((H060002401523)))



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)205-0380

From:

: CORPDIRECT AGENTS, INC. Account Name

Account Number : 110450000714 Phone

: (850)222-1173

Fax Number

: (850)224-1640

000672.580312

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

DISSOLUTION OR WITHDRAWAL

SANTIAGO M. HOYOS, M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

9/29/2006 8:09:35 AM

To. +1 (850) 205-0380 Subject: 000672,58036 From: Ricky Soto

Friday, September 29, 2006 12:02 PM Page: 2 of 3

850-205-0381

9/29/2006 10:34 PAGE 001/001

Florida Dept of State



September 29, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SANTIAGO M. HOYOS, M.D., P.A. P O BOX 340397 TAMPA, FL 33694US

SUBJECT: SANTIAGO M. HOYOS, M.D., P.A.

REF: P01000096455

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

FAX Aud. #: H06000240152 Letter Number: 306A00058032

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

P.O BOX 6327 - Tallahassee, Florida 32314

H060002401523

ARTICLES OF DISSOLUTION OF SANTIAGO M. HOYOS, M.D., P.A.

- 1. The name of this Corporation is SANTIAGO M. HOYOS, M.D., P.A. (Florida Charter No. P01000096455).
- 2. Dissolution of the Corporation was authorized pursuant to a Written Action in Lieu of a Special Meeting of the Sole Shareholder and Board of Directors of the Corporation dated September 29, 2006. to be effective September 30, 2006. The number of votes cast in favor of dissolution was sufficient for approval.
- 3. These Articles of Dissolution shall be effective upon the effective date of filing with the Florida Department of State.

Dated this 29th day of September, 2006, to be effective as of September 30, 2006.

SANTIAGO M. HOYOS, M.D., P.A., a Florida professional service corporation

By:

Santiago M. Hoyos, M.D., President