

PD1000104228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



200180710172

04/13/11--01004--017 **10.00

200180710172
03/24/11--01008--019 **33.75

FILED
11 APR 12 AM 10:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Voldis
News

4-13-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wuesthoff Emergency Physicians, Melbourne PA

DOCUMENT NUMBER: P01000104228

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

Please return all correspondence concerning this matter to the following:

David T. Williams

(Name of Contact Person)

(Firm/Company)

125 E. Merritt Island Cswy Ste 209 # 342

(Address)

Merritt Island FL 32952

(City/State and Zip Code)

For further information concerning this matter, please call:

David Williams

(Name of Contact Person)

at (321)

890 7052

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2011

DAVID T. WILLIAMS
WUESTHOFF EMERGENCY PHYSICIANS
125 E. MERRITT ISLAND CSWY, STE 209-342
MERRITT ISLAND, FL 32952

SUBJECT: WUESTHOFF EMERGENCY PHYSICIANS, MELBOURNE P.A.
Ref. Number: P01000104228

We have received your document for WUESTHOFF EMERGENCY PHYSICIANS, MELBOURNE P.A. and check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above entity is a Florida corporation and the document and fee submitted are for a Statement of Dissolution for Partnership. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 411A00007607

RECEIVED
11 APR 12 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
Westhoff Emergency Physicians, Melbourne PA.

SECOND: The document number of the corporation (if known): P01000104228

THIRD: The date dissolution was authorized: March 15, 2011

Effective date of dissolution if applicable: _____
(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.

☐ 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)

David T Williams

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
11 APR 12 AM 10:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fee: \$35