P02000000197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 15 2016
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COVER LETTER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of League of Autonomous Medical Practioners

DOCUMENT NUMBER: P02000000197

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

Please return all correspondence concerning this matter to the following:

Dr. Gerry Norton
(Name of Contact Person)

(Firm/Company)

2655 Ulmerton Rd #286
(Address)

Clearwater Florida 33762
(City/State and Zip Code)

For further information concerning this matter, please call:

Gerry Norton at (727 492 1198
(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

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:

League of Autonomous Medical Practitioners

SECOND: The document number of the corporation (if known): P02000000197

THIRD: The date dissolution was authorized: September 1st 2016

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

Gerry Norton Sole Shareholder
(voting group)

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DIVISION OF CORPORATIONS

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)

GERRY NORTON
(Typed or printed name of person signing)

_____
(Title of person signing)

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:_____

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:

Following a recent change in name of the corporation, the business activities of the company have ceased. Consequently there

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

2655 Ulmerton Rd. #286 clearwater FL 33762

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.

Gerry Norton

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