

P02000029946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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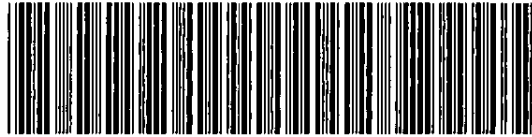
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FD Diss
X QVS
10/21/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF A FLORIDA PROFIT CORPORATION

DOCUMENT NUMBER: PD2000029946

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

Please return all correspondence concerning this matter to the following:

JOSE. J. RODRIGUEZ, M.D.

(Name of Contact Person)

JOSE. J. RODRIGUEZ, M.D.

(Firm/Company)

P.O BOX 940096

(Address)

MIAMI / FLORIDA / 33194

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE J. RODRIGUEZ, M.D. at (305) 207-3182
(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

Check # 3571

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:

JOSE. J. RODRIGUEZ, M.D., P.A.

SECOND: The document number of the corporation (if known): PO2000029946

THIRD: The date dissolution was authorized: 10/10/08

Effective date of dissolution if applicable: 10/10/08
(no more than 90 days after dissolution effective 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

JOSE. J. RODRIGUEZ, M.D.

(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)

JOSE. J. RODRIGUEZ, M.D.

(Typed or printed name of person signing)

PRESIDENT & THE ONLY ONE OWNER & THE ONLY

(Title of person signing)

ONE INCORPORATED

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA