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Revocation Dissolution 19 APR 27 PH 12: 40

# **COVER LETTER**

**TO:** Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Denis R. Weinberg, M.D., P.A.  DOCUMENT NUMBER: PD 2000 D9 2033
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Denis R. Weinberg
Dem's P. Weinberg M.D., P.A.
629 HEARTWOOD LANE
SALINE MICHIGAN 48176  City/State and Zip Code
Marathon 5070 (a) 5 mail. com.  E-mail address: (tope used for future annual report notification)
For further information concerning this matter, please call:
Denis R. Weinberg At (786) 512-6320  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

### ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST:	The name of the corporation is: DENIS R. WEINBERG, M.D., P.A.	
SECOND:	The document number of the corporation (if known) is PO200092033	
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution	
	filed with the Florida Department of State is	
FOURTH:	The Revocation of Dissolution was authorized on April 18, 2018.	
FIFTH:	Adoption of Revocation of Dissolution (check one)	
	<ul> <li>□ The board of directors revoked the dissolution.</li> <li>□ The incorporators revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.</li> <li>□ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.</li> <li>□ The shareholders revoked the dissolution by voting groups - the number of votes cast by</li> </ul>	
	was sufficient for approval.  (Voting group)	
SIXTH:	A copy of the Articles of Dissolution is attached.	
	Signature    Delic R Weember   12   13	
	(Title of person signing)	

Apr 01, 2018 Secretary of State

#### ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST:

The name of the corporation as currently filed with the Florida Department of State:

DENIS R. WEINBERG, M.D., P.A.

SECOND:

The document number of the corporation: P02000092033

THIRD:

The file date of the articles of incorporation: August 23, 2002

FOURTH:

None of the corporation's shares have been issued.

FIFTH:

No debt of the corporation remains unpaid.

SIXTH:

The net assets of the corporation remaining after winding up have been distributed to

the shareholders, if shares were issued.

SEVENTH:

A majority of the directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DENIS R. WEINBERG

**PRESIDENT** 

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

#### FILED Apr 01, 2018 Secretary of State

## **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.

Name of Corporation:

DENIS R. WEINBERG, M.D., P.A.

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:

IF THERE IS A CLAIM INCLUDE DATE, AMOUNT AND FULL DESCRIPTION OF THE DEBT WITH SIGNED COPIES OF THE DOCUMENTS SHOWING THERE IS A DEBT.

Mailing address where claims can be sent:

629 HEARTWOOD LANE SALINE, MI 48176 US

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DENIS R. WEINBERG

Electronic Signature of the Person Filing