

P03000009077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

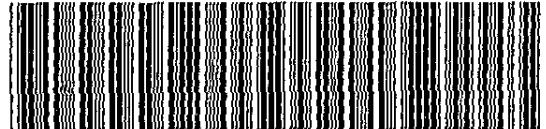
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/15



**BOND, SCHOENECK & KING, P.A.**  
ATTORNEYS AT LAW ■ FLORIDA KANSAS NEW YORK

JAMES D. DATI  
voice mail ext. 5016  
jdati@bsk.com

December 7, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: *Schleicher Dermatology Associates, P.A.*

Dear Sir/Madam:

Enclosed are Articles of Dissolution on behalf of Schleicher Dermatology Associates, P.A., together with our check in the amount of \$35.00 representing the fee to file this document. Thank you for your assistance in this matter.

Very truly yours,

BOND, SCHOENECK & KING, P.A.

James D. Dati

JDD/dh  
Enclosures

cc: Scott Baldwin, CPA  
Dr. Stephen M. Schleicher

## 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 Department of State: Schleicher Dermatology Associates, P.A.

SECOND: The document number of the corporation (if known): P03000009077

THIRD: The date dissolution was authorized: May 30, 2004  
Effective date of dissolution if applicable: May 31, 2004  
(no more than 90 days after dissolution file date)  
(for accounting purposes only)

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 of 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

Stephen Schleicher

(voting group)

Signed this 8 day of November, 2004.

Signature: Stephen M. Schleicher

(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)

Stephen M. Schleicher, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA