

PO3000010546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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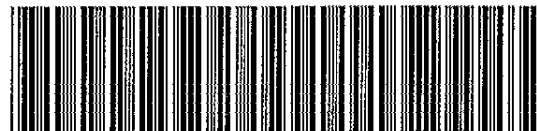
(Business Entity Name)

(Document Number)

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03 MAR 12 PM 4:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

PS 3/15/03
DSS



March 9, 2003

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

Dear Division of Corporations:

Healthcare Facilitators has been requested by Leela R. Boala MD P.A to submit the attached Articles of Dissolution.

If you have any questions, please contact my office.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Fran LaVallette". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Fran LaVallette
Facilitator

ARTICLES OF DISSOLUTION

FILED

03 MAR 12 PM 4:10

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: STATE OF FLORIDA

FIRST: The name of the corporation is: Leela R. Bolla MD P.A.

SECOND: The filing date of the articles of incorporation was: 01/21/03

THIRD: (CHECK ONE)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 7th day of March, 2003

Signature



(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Leela R Bolla MD

(Typed or printed name)

President

(Title)