

P03000013739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

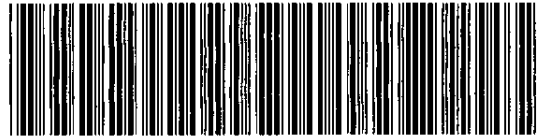
(Business Entity Name)

(Document Number)

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02/25/09--01004--014 \*\*10.00

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*Effective date  
3-2-09*

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Tleuro  
2-26-09*

FILED  
09 FEB 24 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Surexa S. Cacodcar, MD, PA

**DOCUMENT NUMBER:** P03000013739

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

Please return all correspondence concerning this matter to the following:

Surexa Cacodcar, MD

(Name of Contact Person)

Surexa S. Cacodcar, MD, PA

(Firm/Company)

5574 SW 34th Ave

(Address)

Ocala, FL 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Surexa Cacodcar, MD

(Name of Contact Person)

at ( 352 ) 8541322

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2009

SUREXA S. CACODCAR, MD  
SUREXA S. CACODCAR, MD, PA  
5574 SW 30TH AVENUE  
OCALA, FL 34471

SUBJECT: SUREXA S. CACODCAR, MD, PA  
Ref. Number: P03000013739

We have received your document for SUREXA S. CACODCAR, MD, PA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 709A00005478

RECEIVED  
2009 FEB 24 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:  
Surexa S. Cacodcar, MD, PA

SECOND: The document number of the corporation (if known): P03000013739

THIRD: The date dissolution was authorized: February 02, 2009

Effective date of dissolution if applicable: March 2, 2009  
(no more than 90 days after dissolution file 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

\_\_\_\_\_  
(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)

Surexa S. Cacodcar, MD

(Typed or printed name of person signing)

President/Treasurer

(Title of person signing)

**Filing Fee: \$35**

FILED  
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CLERK OF STATE  
TALLAHASSEE, FLORIDA