

PD30000016599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

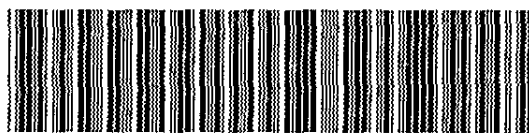
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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 9, 2003

Dr. Joel Roskind
9989 SW 118 Ct.
Miami, FL 33186

SUBJECT: JOEL ROSKIND, M.D., P.A.
Ref. Number: P03000016599

We have received your document for JOEL ROSKIND, M.D., P.A. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Enclosed is a form for dissolution pursuant to section 607.1401, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 603A00066110

ARTICLES OF DISSOLUTION

December 3, 2003

TO: Amendment Section
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

FROM: JOEL ROSKIND, M.D., P.A.
CHARTER # P03000016599

NEW ADDRESS: 9989 S.W. 118 COURT
MIAMI, FL 33186

REF: REQUEST FOR FORMAL DISSOLUTION

The purpose of this memo is to request A FORMAL DISSOLUTION pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is:

JOEL ROSKIND, M.D., P.A.

SECOND: The filing date of the articles of incorporation was:
February 11, 2003

THIRD: Check one:

☐ None of the corporation shares have been issued.
☐ The corporation has not commenced business.
☒ The corporation has bought back all the shares that were outstanding.

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 4 day of December, 2003.

Signature

Printed name: Dr. Joel Roskind

Title: President, Secretary and Director

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA