

PO3000024137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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02/01/10--01004--002 **10.00

FILED

10 FEB -8 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOLD'S
DEC
2/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2010

MICHAEL ROBEY
SIMPLIFI BUSINESS
324 S. PLANT AVENUE
TAMPA, FL 33606

SUBJECT: DESAI SURGICAL CARE P.A.
Ref. Number: P03000024137

We have received your document for DESAI SURGICAL CARE P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we received your additional \$10.00 check, and that we are now RETAINING a total of \$35.00 for your filing.

You originally sent us an LLC dissolution form, and we sent you a CORPORATION DISSOLUTION FORM.

We are returning this corporate dissolution form. This form must be completed, signed, and returned to us.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 210A00002485

RECEIVED
FEB 1 2010
DIVISION OF CORPORATIONS
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:

Desai Surgical Care P.A.

SECOND: The document number of the corporation (if known): PO3000024137

THIRD: The date dissolution was authorized: 1/7/2009

Effective date of dissolution if applicable: _____
(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

President
(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)

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2010 FEB -8 AM 8:00

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Mit Desai, MD

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED

10 FEB -8 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA