

PD3000043371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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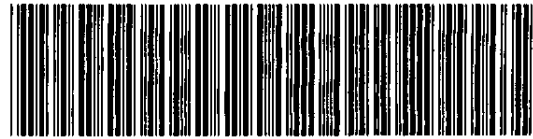
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 28 PM 2:42

AK4 DIS5
@ 1/28/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: P03 0000 43371

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

Please return all correspondence concerning this matter to the following:

MARY Ellen Gurr

(Name of Contact Person)

Medical Center of Pompano Beach

(Firm/Company)

1800 N. Federal Hwy Suite 104

(Address)

Pompano Beach FL 33062

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY Ellen Gurr

(Name of Contact Person)

at (954) 782 0010

(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

January 14, 2011

MARY ELLEN GURR
MEDICAL CENTER OF POMPANO BEACH, INC.
1800 N. FEDERAL HWY - SUITE 104
POMPANO BEACH, FL 33062

SUBJECT: MEDICAL CENTER OF POMPANO BEACH, INC.
Ref. Number: P03000043371

We have received your document for MEDICAL CENTER OF POMPANO BEACH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPIES ARE NOT ACCEPTABLE.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 911A00001273

RECEIVED
11 JAN 28 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

Medical Center of Pompano Beach Inc

SECOND: The document number of the corporation (if known): P03000043371

THIRD: The file date of the articles of incorporation: 04/17/2003

FOURTH: (CHECK AT LEAST ONE BOX)

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

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

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

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 28 PM 2:42

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.)

Roberta D. Schulte

(Typed or printed name of person signing)

Director

(Title of Person Signing)

Filing Fee: \$35