

PO3000045951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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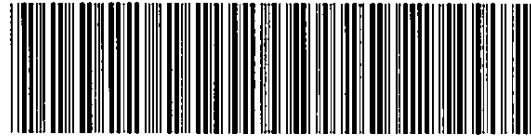
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ✓

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S TALLENT

JUN 30 2017

V/D

FILED
17 JUN 26 PM 1:46
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2017

ZHENGANG YANG, PRESIDENT/M.D.
ALTAMONTE WALK-IN MEDICAL, P.A.
745 ORIENTA AVE, SUITE 1171
ALTAMONTE SPRINGS, FL 32701

SUBJECT: ALTAMONTE WALK-IN MEDICAL, P.A.
Ref. Number: P03000045951

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

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.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 417A00011337

17 JUN 26 PM 4:43

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: P03000045951

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

Please return all correspondence concerning this matter to the following:

ZHENGANG YANG

(Name of Contact Person)

ALTAMONTE WALK-IN MEDICAL, P.A.

(Firm/Company)

745 Orienta Ave, suite 1171,

(Address)

Altamonte Springs, FL 32701

(City/State and Zip Code)

For further information concerning this matter, please call:

ZHENGANG YANG

(Name of Contact Person)

407 767 5111 (o)

at (407 733 6824 (cell)

(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

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:

ALTAMONTE WALK-IN MEDICAL, P. A.

SECOND: The document number of the corporation (if known): P03000045951

THIRD: The date dissolution was authorized: 05 22, 2017

Effective date of dissolution if applicable: July 1, 2017

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

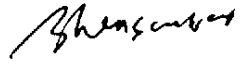
☐ Dissolution was approved by the shareholders through voting groups.

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

ZHENGANG YANG (1008)

(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)

ZHENGANG YANG

(Typed or printed name of person signing)

President / M.D.

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA