

P03000069521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_ ✓

Special Instructions to Filing Officer:

Office Use Only



700199043107

05/17/11--01009--028 \*\*43.75

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11 MAY 16 PM 3:43

FILED

*Voldis w/notice  
News  
5-17-11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Corp. Dissolution

**DOCUMENT NUMBER:** 607.1403

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

Please return all correspondence concerning this matter to the following:

Kevin Kulow  
(Name of Contact Person)

Kevin W. Kulow MD PA  
(Firm/Company)

256 Sweetwater Run  
(Address)

Niceville, FL 32578  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Kulow at (850) 855-9474  
(Name of Contact Person) (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

RECEIVED

11 MAY -3 935

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2011

KEVIN W. KULOW  
KEVIN W. KULOW, M.D., P.A.  
256 SWEETWATER RUN  
NICEVILLE, FL 32578

SUBJECT: KEVIN W. KULOW, M.D., P.A.  
Ref. Number: P03000069521

We have received your document for KEVIN W. KULOW, M.D., P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 011A00010801

RECEIVED  
MAY 16 AM 11:33  
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:

Kevin W. Kulow, M.D., P.A.

SECOND: The document number of the corporation (if known): P03000069521

THIRD: The date dissolution was authorized: 30 Mar 11

Effective date of dissolution if applicable: Immediately (27 Apr 11)  
(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)

FILED  
11 MAY 16 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Signature: Kevin W. Kulow

(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)

Kevin W. Kulow

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Kevin W. Kulow, M.D., P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name, Date, Nature of indebtedness, Receipts,  
and all other relevant Documentation regarding  
the claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

256 Sweetwater Run  
Niceville, FL 32578

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Kevin W. Kulow

Printed Name of the Person Filing

Kevin W. Kulow

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**