

P03000080926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

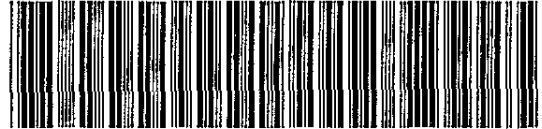
(Document Number)

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03 OCT 24 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P03000080926
43 FL Diss. Act
*Cert copy
10-24-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SURGERY CENTERS OF AMERICA, INC.

DOCUMENT NUMBER: P03000080926

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

Please return all correspondence concerning this matter to the following:

MARIA DEL CARMEN JORGE

(Name of Person)

SURGERY CENTERS OF AMERICA, INC.

(Name of Firm/Company)

1801 S. FEDERAL HWY, STE 242

(Address)

DELRAY BEACH, FLORIDA 33483

(City/State/and Zip Code)

For further information concerning this matter, please call:

MICHAEL CARUSO

(Name of Person)

at (954) 421-7771

(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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

SURGERY CENTERS OF AMERICA, INC.

SECOND: The document number of the corporation (if known): P03000080926

THIRD: The date dissolution was authorized: 10/10/03

Effective date of dissolution if applicable: 10/13/03

(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 of 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)

Signed this 20TH day of OCTOBER, 2003

Signature: *Maria Del Carmen Jorge*

(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)

MARIA DEL CARMEN JORGE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
03 OCT 24 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SURGERY CENTERS OF AMERICA, INC.

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, ADDRESS, PHONE NUMBER

NATURE OF CLAIM AND SUPPORTING EVIDENCE

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

1801 S. FEDERAL HWY, STE 242, DELRAY BEACH, FLORIDA 33483

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.

MARIA DEL CARMEN JORGE

Printed Name of the Person Filing



Signature of the Person Filing

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