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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : THE LAW OFFICES OF MAX A. ADAMS, ESQ.  
Account Number : I20050000131  
Phone : (305) 887-9060  
Fax Number : (305) 888 3192

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JAN 11 PM 4:01

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RECEIVED  
2008 JAN 11 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL**

**ALFREDO REGO, M.D., P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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01/14/08 Volun. Dis.  
W/Notice

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alfredo Rego, M.D., P.A.

**DOCUMENT NUMBER:** P03000115469

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

Please return all correspondence concerning this matter to the following:

Max A. Adams, Esq.

(Name of Contact Person)

The Law Office of Max A. Adams, Esq., PLLC

(Firm/Company)

10650 Paris St.

(Address)

Cooper City, FL 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

Geoffrey Schuessler

(Name of Contact Person)

at ( 305 ) 887-9060

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:

Alfredo Rego, M.D., P.A.

SECOND: The document number of the corporation (if known): P03000115469

THIRD: The date dissolution was authorized: December 18, 2007

Effective date of dissolution if applicable: December 31, 2007  
(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.

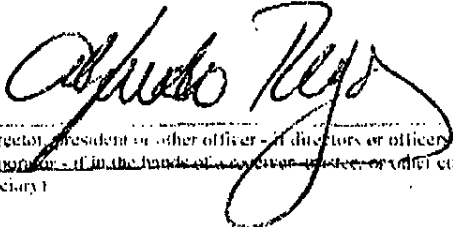
☐ Dissolution was approved by the shareholders through voting groups.

*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)

Signature:

  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator, or if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Alfredo Rego

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

**FILED**  
08 JAN 11 PM 4:01  
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: Alfredo Rego, 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:

The nature and amount of any pending claim, including instructions for payment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

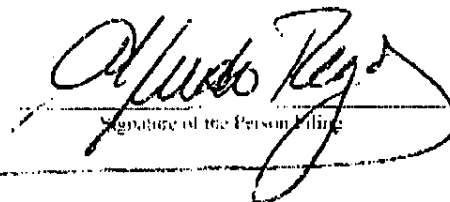
10800 BLUE PALM STREET, PLANTATION FL 33324-8238

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Alfredo Rego

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**