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(Requestor's Name)

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(City/State/Zip/Phone #)

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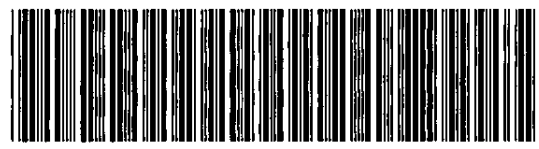
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**SUBJECT: Radiation Oncology Associates of Palm Beach, P.A.**

**DOCUMENT NUMBER: P03000154625**

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

Please return all correspondence concerning this matter to the following:

Harold E. Kaplan, Esq.

(Name of Contact Person)

Harold E. Kaplan, MHA, JD

(Firm/Company)

1515 University Drive, Suite 201

(Address)

Coral Springs, Florida 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

Harold E. Kaplan, Esq.

(Name of Contact Person)

at ( 954 ) 345-6338

(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:

Radiation Oncology Associates of Palm Beach, P.A.

SECOND: The document number of the corporation (if known): P03000154625

THIRD: The date dissolution was authorized: February 1, 2011

Effective date of dissolution if applicable: February 2, 2011

(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

N/A

(voting group)

Signature: Anne M. Lewis, MD

(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)

Anne M. Lewis, M.D.

(Typed or printed name of person signing)

Sole Shareholder and Sole Director

(Title of person signing)

Filing Fee: \$35

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