

P04000008918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

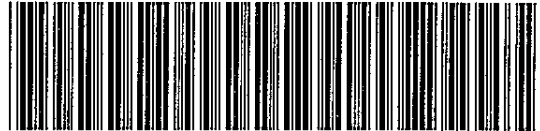
(Business Entity Name)

(Document Number)

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TALLAHASSEE FL

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LAW OFFICES OF
VASSALLO & BILOTTA PA
TRIAL ATTORNEYS
OFFICES IN PALM BEACH & MARTIN COUNTY

ATTORNEYS

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REPLY TO:
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TELEPHONE (561) 432-1994
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PARALEGALS

MURIEL A. FUNCHEON
DANIELLE VAN HORN
PENNY HIETAPELTO
MARY ARNST
LAURA GARDNER

June 24, 2004

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Dissolution
Document No. P04000008918
Caring Phsician Assistant, Inc.

Dear Ladies and Gentlemen:

Enclosed please find Articles of Dissolution, together with our
check in the amount of \$35.00 for filing.

Very truly yours,



Muriel A. Funcheon
Paralegal
/maf
encs.

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:

CARING PHYSICIAN ASSISTANT, INC.

SECOND: The document number of the corporation (if known): P04000008918

THIRD: The date dissolution was authorized: 6/3/04

Effective date of dissolution if applicable: _____
(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 11 day of June, 2004

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)

WILLIAM PATRICK MAGEE

(Typed or printed name of person signing)

PRESIDENT.

(Title of person signing)

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TALLAHASSEE, FL 32399

Filing Fee: \$35