

PO4000015452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

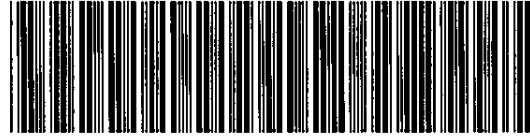
(Business Entity Name)

(Document Number)

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05/16/14--01008--001 \*\*35.00

14 MAY 16 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

C. LEWIS  
MAY 29 2014  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tampa Bay Urology Institute, P.A.

**DOCUMENT NUMBER:** P04000015452

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

Please return all correspondence concerning this matter to the following:

Raviender Bukkapatnam, M.D.

(Name of Contact Person)

(Firm/Company)

1 Davis Blvd., #604

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Dolores Hoagland at ( 813 ) 258-9565, ext 3204

(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

APPROVED  
AND  
FILED

ARTICLES OF DISSOLUTION

14 MAY 16 PM 3: 28

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
Tampa Bay Urology Institute, P.A.

SECOND: The document number of the corporation (if known): P04000015452

THIRD: The date dissolution was authorized: January 1, 2014

Effective date of dissolution if applicable: January 1, 2014  
(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 - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Raviender Bukkapatnam, M.D.  
(Typed or printed name of person signing)

Director  
(Title of person signing)

Filing Fee: \$35