P04000046704

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SECRETARY OF STATE
ALL AHASSEE, FLORID.

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: EZZAT ZAKİ, MD PA				
DOCUMENT NUMBER: P04000046704				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Joan Mulrennan Zaki				
(Name of Contact Person)				
Personal Representative, Estate of Dr. Zaki (Firm/Company)				
17503 Osprey Mancr Way (Address)				
Lithia, FL 33547 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Toan Mulrennan Zaki at (813) 689-6751 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)				
MAILING ADDRESS: STREET ADDRESS:				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF DISSOLUTION Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the killion of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of Stat EZZAT ZaKI MD. P.A. The document number of the corporation (if known): (20 - 1108568) SECOND: TIN No: THIRD: The date dissolution was authorized: _ 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 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 preceiver, trustee, or other court appointed fiduciary, by that fiduciary)

(Title of person signing)

Filing Fee: \$35

(Typed or printed name of person signing)

IN THE CIRCUIT COURT FOR HILLSBOROUGH COUNTY, FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

File No. CP2368

EZZAT A. ZAKI

Deceased.

Division

LETTERS OF ADMINISTRATION (single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Ezzat A.Zaki, a resident of Hillsborough County, Florida, died on May 15, 2007, owning assets in the State of Florida, and

WHEREAS, Joan Mulrennan-Zaki has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Joan Mulrennan-Zaki duly qualified under the laws of the State of Florida to act as personal representative of the estate of Ezzat A.Zaki, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on	Sport (E	, 2007.	C
		Maria SA	
•	Circ	cuit Judge	·

Copies to:

Richard F. Wheeler Joan Mulrennan-Zaki

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

THIS IS TO CERTIFY THAT THE FOREGOING
IS A TRUE AND CORRECT COPY OF THE
DOCUMENT ON FILE IN MY OFFICE AND
THE SAME IS IN FULL FORCE AND EFFECT
THIS PROVED TO THE SAME IS IN FULL FORCE AND EFFECT

PAT FRANK
CLERK OF THE CIRCUIT COURT
BY_______D.C.
AS DEPUTY CLERK

ICLISBURGUGH COUNTY, F CLARK OF CIRCUIT COURT SEE 19 AM 8: 3 4