P04000047092

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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2010 FEB -9 PH 1: 10
SECRETARY OF STATE
TALLAHASSEF FI ORIDA

Diss. W/ Notice

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FEB 1 0 2010

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:				
	CARDIOVASCULAR CONSULTANTS OF ORLANDO, P.A.				
SECOND:	The document number of the corporation (if known): P04000047092				
THIRD:	The date dissolution was authorized: December 31,2009				
	Effective date of dissolution if applicable: December 31,2009 (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 ARE LARE LARE LARE LARE LARE LARE LARE L				
	(voting group)				
	OF STATE E. FLORIDA				
	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)				
	ENRIQUE A CALLE				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

Filing Fee: \$35

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	CARDIOVASCULAR CONS	SULTANTS OF ORLANDO, P.A.
Date of dissolution w specified in the Article	ill be the date the dissolution is filed with the less of Dissolution.	he Department of State or as
Description of inform	ation that must be included in a claim:	
Mailing address wher	e claims can be sent: (Claims cannot be se	nt to the Division of Corporations)
281	1 Nightingale	
Eni	d OK. 73703	
		
		·····
	bove named corporation will be barred unle be filing of this notice.	ess a proceeding to enforce the claim is commenced
	ENRIQUE A COM	My
	ted Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00