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TO: Amendment Section Division of Corporations
SUBJECT: Universal Kidney Center of Coral Springs-Margate
DOCUMENT NUMBER: 604000753 96
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Karen Berzok (Name of Contact Person)
Universal Kidney Center, Inc. (Firm/Company)
2004 NE 49th St (Address)
Ft. Laudendale, FL 33308 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Caren Berzok at (954) 958-9300 (Area Code & Daytime Telephone Number)
•
Enclosed is a check for the following amount:
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MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32314 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:		
	Universal Kidney Center of Coral Springs-Margata	e;(Inc.)	
SECOND:	The document number of the corporation (if known): PO4000753	96	
THIRD:	The date dissolution was authorized: 7506	'	
	Effective date of dissolution if applicable: (no more than 90 days after dissolution for the properties of the properti	ile date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution	
٠	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)	ost ost	
		NEGRETARION OF OCT 17	
		T AMII: 22	
į	Signature:	= 翼	
	(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)	22 27	
	Elmo Bartolome		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35