

PD40000086353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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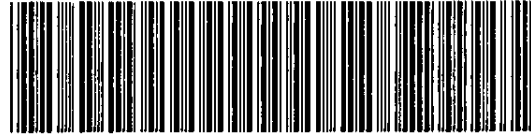
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TR 2-4-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sterling Emergency Physicians of Hialeah, P.A.

**DOCUMENT NUMBER:** P04000086353

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

Please return all correspondence concerning this matter to the following:

Attn: Legal Department

(Name of Contact Person)

Sterling Emergency Physicians of Hialeah, P.A.

(Firm/Company)

6400 Atlantic Blvd

(Address)

Jacksonville, FL 32211

(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Carzoli

(Name of Contact Person)

at ( 904 ) 805-1271

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

## 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:

Sterling Emergency Physicians of Hialeah, P.A.

SECOND: The document number of the corporation (if known): P04000086353

THIRD: The date dissolution was authorized: December 28, 2010

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 a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

David Schillinger, MD

(Typed or printed name of person signing)

CEO

(Title of person signing)

**Filing Fee: \$35**

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TALLAHASSEE, FLORIDA

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