

PO4000110405

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

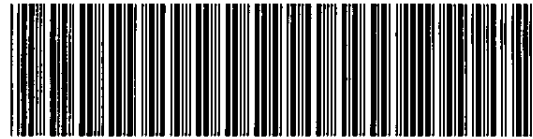
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400190008644

*duss*

01/24/11--01037--004 \*\*13.75

*with notice*

01/10/11--01021--015 \*\*30.00

*Amendment*

FILED  
2011 JAN 24 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*\*00789 06342, 00471*

*DR*  
*1/24/11*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

CHALE, M.D., P.A.

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Constance M. Hale, M.D.

(Name of Person)

CHALE, M.D., P.A.

(Firm/Company)

340 Tall Oak Trail

(Address)

Tarpon Springs, FL 34688

(City/State and Zip Code)

For further information concerning this matter, please call:

Connie Hale

(Name of Person)

at

(727) 422-7115

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee

04



\$30.00 Filing Fee &  
Certificate of Status



\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2011

Constance M. Hale, M.D.  
Chale, M.D., P.A.  
340 Tall Oak Trail  
Tarpon Springs, FL 34688

SUBJECT: CHALE, M.D., P.A.  
Ref. Number: P04000110405

We have received your document for CHALE, M.D., P.A. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$13.75 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 611A00001174

RECEIVED  
11 JAN 24 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

FILED

2011 JAN 24 PM 3:52

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

CHALE, M.D., P.A.

SECOND: The document number of the corporation (if known): P04000110405

THIRD: The file date of the articles of incorporation: July 27, 2004

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: Constance Hale, ms

(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.)

Constance Hale ms

(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: CHALE, M.D., P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

C. Hale, MD.  
340 Tall Oak Trl.  
Tarpon Springs, FL 34688

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Constance Hale, MD

Printed Name of the Person Filing

Constance Hale, MD

Signature of the Person Filing

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