

P04000112974

(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



500144724635

03/26/09--01015--006 **35.00

FILED
09 MAR 26 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. R. K. K.
VOLD
CRG
3/30

3/17/09

COVER LETTER

RECEIVED
2009 MAR 20 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P04000112974

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

Please return all correspondence concerning this matter to the following:

Melba I. O'valle, MD
(Name of Contact Person)

was Osteoporosis Centers of America, Inc
(Firm/Company)

home address: 5125 Tildens Grove Blvd
(Address)

Windermere, FL 34786
(City/State and Zip Code)

For further information concerning this matter, please call:

Melba O'valle, MD at (321) 388-6731
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

CH# 1460

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

3/17/09

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

OSTEOPOROSIS Centers of America, Inc

SECOND: The document number of the corporation (if known): P04200112974

THIRD: The file date of the articles of incorporation: 8/2/04

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: _____

(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.)

Melba I. Ovalle, MD

(Typed or printed name of person signing)

Owner/Director

(Title of Person Signing)

FILED
09 MAR 26 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35

3/17/09

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: Osteoporosis Centers of America, Inc.

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:

Closed practice; retired 6/1/08.
No claims filed/none pending.

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

If need to contact me → Melba I. Ovalle, MD
Home address → 5125 Tildens Grove Blvd
Windermere, FL 34786
cell: 321-388-6731

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.

Melba I. Ovalle, MD

Printed Name of the Person Filing

Melba I. Ovalle, MD

Signature of the Person Filing