## P04000113131

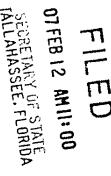
(Requestor's Name)						
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PICK-UP WAIT N	<b>IAIL</b>					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status _						
Special Instructions to Filing Officer:						

Office Use Only



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## COVER LETTER

TO: Amendment Section

**Division of Corporations** SUBJECT: Dissolution of Emerald Coast Surgery, Inc. DOCUMENT NUMBER: \_ PO4000113131 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Janet Gentry CPA
(Name of Contact Person) Janet Gentry CPA, PA
(Firm/Company) 151 Mary Esther Blud. Suite 405A (Address) Mary Esther, FL 32569 (City/State and Zin Code) For further information concerning this matter, please call: (Name of Contact Person) at (850) 863-0000

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \Bigcup \$43.75 Filing Fee & \Bigcup \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status Certificate of Status & Make check payable to: Florida Department of State (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

FILED



Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation soprates the following articles TALLAHASSEE, FLORIDA

The name of the corporation as currently filed with the Florida Department of State. FIRST: Emerald Coast Surgery, Inc. The document number of the corporation (if known): Po4000 113131 SECOND: The date dissolution was authorized: THIRD: 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)

Filing Fee: \$35

President

## **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:	Emerald	Coast	Sugary	, Inc.	
Date of dissolution will specified in the <i>Articles</i>		ssolution is fi	iled with the D	Department of State or as	
Description of information	on that must be in	icluded in a c	claim:		
			<del>-,, .</del>		
		***			
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Mailing address where c	laims can be sent:	: (Claims can	not be sent to	the Division of Corporations)	
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	164	T 11-	(	Court	
	701	104-16	T 1002	COUPT 02	
<del></del>	Yorte	<u>Vedra</u>	Beach	FL 32082	
	<del></del>				
A claim against the above within 4 years after the f			arred unless a	proceeding to enforce the claim is	s commenced
				07	
Pachavi	it Kacom	1600		1)1/	
Printed	HASEW Name of the Person F	Filing		Signature of the Person Filing	