

PD40DD0144916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

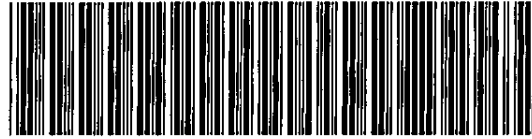
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Disse./notice  
sf



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2007

Dennis U. Atienza  
Dennis U. Atienza, D.O., P.A.  
8695 White Tail Hollow  
Robinson, IL 62454

SUBJECT: DENNIS U. ATIENZA D.O., P.A.  
Ref. Number: P04000144916

We have received your document for DENNIS U. ATIENZA D.O., P.A., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 907A00004943

RECEIVED  
07 FEB -2 AM 8:00  
DIVISION OF CONSERVATION

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Please Process Dissolution of Corporation

**DOCUMENT NUMBER:** P04000144916

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

Please return all correspondence concerning this matter to the following:

Dennis U. Atienza

(Name of Contact Person)

DENNIS U. ATIENZA, D.O., P.A.

(Firm/Company)

8695 WHITE TAIL HOLLOW

(Address)

ROBINSON, IL 62454

(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis Atienza

(Name of Contact Person)

at ( 618 ) 544-3800

(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)

**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

RECEIVED  
MAR 22 10 00 AM '93  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

## 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:

DENNIS U. ATIENZA D.O., P.A.

SECOND: The document number of the corporation (if known): P04000144916

THIRD: The file date of the articles of incorporation: Dec 31, 2006

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.)

Dr. DENNIS U. ATIENZA

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

FILED  
07 FEB -2 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: DENNIS U. ATIENZA D.O., 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:

Account Numbers

Date Service was ordered or rendered

Note that attempt was made to notify and file & resolve issue first with:

OBSTETRICS & GYNECOLOGY, P.A.

930 MAR WALT DRIVE, STE A, FORT WALTON BEACH, FL 32547

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

Dennis U. Atienza, D.O.

8695 White Tail Hollow

Robinson, IL 62454

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.

Dennis U. Atienza, D.O.

Printed Name of the Person Filing



Signature of the Person Filing

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