

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

DISSOLUTION OR WITHDRAWAL

DOCTORS HEALTH PLAN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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08 JAN 14 AM 9:36
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Corporate Filing Menu

Help

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:
Doctors Health Plan, Inc.
- SECOND: The document number of the corporation (if known): P04000159965
- THIRD: The date dissolution was authorized: January 10, 2008
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 of 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: Anita S. Wegner
(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)

Anita S. Wegner
(Typed or printed name of person signing)

Secretary
(Title of person signing)

Filing Fee: \$35

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