

P04000/66485

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(City/State/Zip/Phone #)

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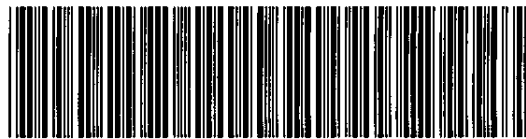
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10-30-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Barbra Williams P.A.

DOCUMENT NUMBER: P04000146485

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

Please return all correspondence concerning this matter to the following:

Barbra Williams

(Name of Contact Person)

Barbra Williams P.A. FEIN 22-3904725

(Firm/Company)

PO Box 21252

(Address)

Ft Lauderdale FL 33335

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbra Williams

(Name of Contact Person)

at (954) 925-8020

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2008

BARBRA WILLIAMS
BARBAR WILLAIMS, P.A.
P. O. BOX 21252
FT. LAUDERDALE, FL 33335

SUBJECT: BARBRA WILLIAMS, P.A.
Ref. Number: P04000166485

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 108A00043830

2008 OCT 29 AM 8:00
TALLAHASSEE, FLORIDA
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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:
Barbara Williams, P.A. FEIN 22-3904725

SECOND: The document number of the corporation (if known): PD4000166485

THIRD: The date dissolution was authorized: 9-30-07

Effective date of dissolution if applicable: 9-30-07

(no more than 90 days after dissolution filed)

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

Barbara Williams, President, Sole Shareholder
(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)

Barbara Williams

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
2008 OCT 29 AM 9:05
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: Barbra Williams, P.A. FEIN 22-3904725

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:

Name, date of service(s) all services rendered
whether performed complementary or for a fee,
persons making arrangements for appointments,
all specifics regarding the basis for the
claim being made (including but not limited to
treatment results and treatment intervals and client home care).

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

PO Box 21252
Ft Lauderdale FL 33335

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.

Barbra Williams

Printed Name of the Person Filing

Barbra Williams

Signature of the Person Filing

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