# P05000020177

(Requestor's Name)
,
(Address)
· ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





300259249263

04/25/14--01005--021 \*\*52.50

Dissolution

MAY - 5 2014 T. CARTER



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### Section 607.1403, Florida Statutes, provides for the dissolution of a corporation that has issued shares.

The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90<sup>th</sup> day after the date on which the document is filed.

**NOTE:** A **Notice of Corporate Dissolution** form is attached. This notice pursuant to s. 607.1407, F.S. is optional and is not required when filing a dissolution. No additional fee is required if it is included.

## **FEES:**

Articles of Dissolution	\$ 35.00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$ 8.75
Certificate of Status (optional)	\$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

#### 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

For further information, you may contact the Amendment Section at (850) 245-6050.

CR2E012 (7/13)

# **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations		
SUBJECT: Dissolution of Co	orporation	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: P05000	020177	
The enclosed Articles of Dissolution and f	ee are submitted for filin	g.
Please return all correspondence concerning	g this matter to the follow	ving:
Stephen H. Armistead-I	President	
(Name of	Contact Person)	
Bay Family Medicine, F	PA	
(Fir	m/Company)	
P.O. Box 97		
•	ddress)	
Lynn Haven, FL 32444		
(City/Sta	te and Zip Code)	
For further information concerning this ma	tter, please call:	
Christy Armistead	at (850 ) 8	90-0199
(Name of Contact Person)		Daytime Telephone Number)
Enclosed is a check for the following amou	ınt:	
□ \$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	Ame Divis Clifte	EET ADDRESS:  Indment Section  Ision of Corporations  In Building  Executive Center Circle

Tallahassee, FL 32301

# 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:  Bay Family Medicine, PA
SECOND:	The document number of the corporation (if known): P05000020177
THIRD:	The date dissolution was authorized: December 31, 2013
	Effective date of dissolution if applicable: December 31, 2013  (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

President of Corp - 100%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)

Stephen H. Armistead, MD, MPH

(Typed or printed name of person signing)

**President of Corporation** 

(Title of person signing)

Filing Fee: \$35