# P05000085367

| (Requestor's Name)                      |
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| (Business Entity Name)                  |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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# **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: MARK R. GOLDSTEIN MD, PA  (Name of Limited Liability Company)   |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| MARK R. GOLDSTEIN MID (Name of Person)   |
| MARK R. GOLDSTEIN, ND, PA (Firm/Company)   |
| 9410 Fountain Medical Court - Soite A-200<br>(Address)   |
| Bonita Springs, FLORida 34135 (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| (Name of Person)  AREA Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

## **MAILING ADDRESS:**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2010

MARK R. GOLDSTEIN, MD MARK R. GOLDSTEIN, MD, PA 9410 FOUNTAIN MEDICAL COURT, SUITE A-200 BONITA SPRINGS, FL 34135

SUBJECT: MARK R. GOLDSTEIN, MD, PA

Ref. Number: P05000083367

We have received your document for MARK R. GOLDSTEIN, MD, PA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due-

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.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 910A00004376

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |
|---|
| SUBJECT: MARIC R. GOLDSTEIN, MD, PA   |
| DOCUMENT NUMBER: POSOOO083367   |
| The enclosed Articles of Dissolution and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| MARIC R. GOLDSTE! N (Name of Contact Person)  |
| MARK R. GOLDSPRIN MD, PA  |
| 9410 FOUNTAIN Medical COURT SUITE A-200   |
| (Address)   |
| Bonith Springs, PL 34135  |
| (City/State and Zip Code)   |
| . For further information concerning this matter, please call:  |
| Name of Contact Person)  At (239) 495-4508 of (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:   |
| Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)  (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

# 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:   |  |  |  |
|---------|--|--|--|--|
|         | MARIN R. GOIDSTEIN MOPPE   |  |  |  |
| SECOND: | The document number of the corporation (if known): Po 500 00 \$ 3367   |  |  |  |
| THIRD:  | The date dissolution was authorized: 21512010  |  |  |  |
| -       | Effective date of dissolution if applicable:  (no more than 90 days after dissolution)   | n file date)   |  |  |
| FOURTH: | Adoption of Dissolution (CHECK ONE)  |  |  |  |
|         | Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.  | for dissolution  |  |  |
|         | Dissolution was approved by the shareholders through voting groups.  |  |  |  |
|         | The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:  | following statement must be separately provided for each voting group entitled ote separately on the plan to dissolve: |  |  |
|         | The number of votes cast for dissolution was sufficient for approval by  | <b></b> 1 .  |  |  |
|         | NACK R. EXISTIV  (voting group)  | F<br>10 APR<br>SECRET  |  |  |
|         | (voting group)   | TARY O   |  |  |
|         | Signature:  (By a director, president or other officer - indirectors 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) | FILEU 10 APR -8 PH 12: 54 SECRETARY OF STATE ALLAHASSEE, FLORIDA   |  |  |
|         | (Typed or printed name of person signing)  |  |  |  |
|         | President  |  |  |  |
|         | (Title of person signing)  |  |  |  |

Filing Fee: \$35