

PO5000098746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

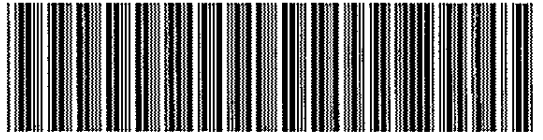
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700079260027

deiss

03/12/06--01001--012 **43.75

RECEIVED
06 SEP 11 PM 3:25

9/12/06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 SEP 11 PM 4:22

Greenberg Traurig, P.A.

Requester's Name

Address

City/State/Zip

Phone #

Please call June at 222-6891 when ready.
Thank you!

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2006 SEP 11 PM 3:19

FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Physicians Indemnity Risk Retention Group, Inc. POS000,098746
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time Please call ☒ Certified Copy
☐ Mail out or ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☒ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Physicians Indemnity Risk Retention Group, Inc.

DOCUMENT NUMBER: P05000098746

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

Please return all correspondence concerning this matter to the following:

Mark H. Dorfman

(Name of Contact Person)

(Firm/Company)

10404 Carmen Lane

(Address)

Royal Palm Beach, FL 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark H. Dorfman

(Name of Contact Person)

at (561) 601-6438

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

ARTICLES OF DISSOLUTION

2006 SEP 11 PM 4: 22

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:

Physicians Indemnity Risk Retention Group, Inc.

SECOND: The document number of the corporation (if known): P05000098746

THIRD: The file date of the articles of incorporation: July 13, 2005

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.)

Mark H. Dorfman

(Typed or printed name of person signing)

Director

(Title of Person Signing)

Filing Fee: \$35