

PO5000151004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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02/27/09--01008--019 \*\*35.00

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2009 FEB 27 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss.

TB 3/2/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of business entity  
Lisa R Anthony MD, PA

**DOCUMENT NUMBER:** P05000151004

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

Please return all correspondence concerning this matter to the following:

Lisa Anthony

(Name of Contact Person)

Lisa R Anthony MD, PA

(Firm/Company)

13832 US Hwy 1

(Address)

Sebastian FL 32958

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Anthony

(Name of Contact Person)

at (772) 413-1711

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

or email

anthonylrene@bellsouth.net

☒ \$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

## 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:

Lisa R Anthony MD, P.A.

SECOND: The document number of the corporation (if known): PO 5000151004

THIRD: The date dissolution was authorized: 2/23/09

Effective date of dissolution if applicable: 2/23/09  
(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

\_\_\_\_\_  
(voting group)

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2009 FEB 27 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature:

Lisa R Anthony MD, P.A. sole owner / president  
(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)

Lisa R Anthony  
(Typed or printed name of person signing)

MD, owner, president  
(Title of person signing)

Filing Fee: \$35