

P060000040779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

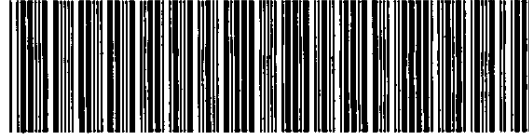
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/24/16--01015--016 **25.00

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16 MAR 23 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dissolution

MAR 25 2016

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Entity

DOCUMENT NUMBER: P06000040779

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

Please return all correspondence concerning this matter to the following:

Carol Audritsh

(Name of Contact Person)

Urology Partners

(Firm/Company)

200 3rd Ave West, Ste 210

(Address)

Bradenton FL 34205

(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Audritsh

(Name of Contact Person)

at (941) 792-0340 x 1346

(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

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TALLAHASSEE, FL
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2016

G. AUSTIN HILL, MD
INTEGRATIVE UROLOGY - UROLOGY PARTNERS
200 - 3RD AVENUE WEST, STE 210
BRADENTON, FL 34205

SUBJECT: INTEGRATIVE UROLOGY AND HEALTHCARE, P.A.
Ref. Number: P06000040779

We have received your document for INTEGRATIVE UROLOGY AND HEALTHCARE, P.A. 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 form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

We will need an additional \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 916A00004418

RECEIVED
16 MAR 23 PM 1:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

Integrative Urology and Healthcare, PA

SECOND: The document number of the corporation (if known): P06000040779

THIRD: The date dissolution was authorized: January 1st, 2016

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Urology Partners
(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)

G. Austin Hill, MD

(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE, FLORIDA