

PO6000 124032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

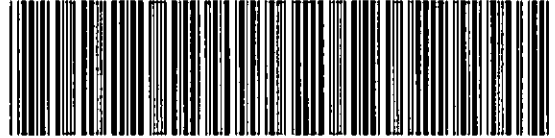
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03/23/20--01024--022 **25.00

04/09/20--01026--005 **10.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2020 APR -9 PM 1:15

GM
W/9130



2020 APR -2 PM 10:35

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2020

PETER E. BALSAM
3870 PINETOP BLVD
TITUSVILLE, FL 32796

SUBJECT: PETER E. BALSAM, MD, INC
Ref. Number: P06000124032

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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.

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).

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 520A00007087

1. *Phragmites australis* (Cav.) Trin. ex Steud.

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: PO 60000-124032

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

Please return all correspondence concerning this matter to the following:

Silvia Balsani

(Name of Contact Person)

Peter E. Balsani, MD, INC.

(Firm/Company)

3870 Pinerop Blvd.

(Address)

Titusville, Fl. 32796

(City/State and Zip Code)

For further information concerning this matter, please call:

Silvia Balsam

(Name of Contact Person)

at (321 343 363)

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:

Peter E. Balsam, MD, INC

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

THIRD: The date dissolution was authorized: March 20, 2020

Effective date of dissolution if applicable: Present date
(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2020 APR -9 PM 1:15

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)

Peter E. Balsam MD -
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35