906000/33738

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COVER LETTER

TO: Amendment Section Division of Corporations	•	
SUBJECT: Dissolution of	? Corporation	
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Maher Z. Han	ina.	
(Name of Contact Person)		
ST PETER MEDICAL CLINIC, INC. (Firm/Company)		
10045 Cortez BLVD Sui (Address)		
Brooksville, FL 346	13	
(City/State and Zi	ip Code)	
For further information concerning this matter, plea	se call:	
Maher Hanna, MD. at (Name of Contact Person)	(813) 367-7953 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	· ·	
Certificate of Status Certif	75 Filing Fee & \$\sum \\$52.50 Filing Fee, Fied Copy Certificate of Status & Fied Copy Certified Copy Fied 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 607.1401, Florida Statutes, this Florida profit corporation submits the following and articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State:
FIRST: The name of the corporation as currently filed with the Florida Department of State:
ST. PETER MEDICAL CLINIC, INC.
SECOND: The document number of the corporation (if known): Poboco 133738
THIRD: The file date of the articles of incorporation:
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: Maher Z. Hanna. (By a director, president or other officer - if directors or officers there not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) MAHER Z. HANNA. (Typed or printed name of person signing) President of Corporation. (Title of Person Signing)

Filing Fee: \$35