P06000147972

(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

200295536802

02/17/17--01019--024 **52.50

FILED
2017 MAR 10 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amd Diss CC
cus

MAR 10 2017
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** Dissolution of Business

**DOCUMENT NUMBER:** 417A0000 3357

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

Please return all correspondence concerning this matter to the following:

Mark Rolfe
(Name of Contact Person)

New Lung Associates
(Firm/Company)

10202 Perkins Rowe apt 4004
(Address)

Baton Rouge La 70810
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Wm. Rolfe at ( 813 - 390 - 1629
(Name of Contact Person) (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)

previously paid by check

**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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2017

MARK ROLFE
NEW LUNG ASSOCIATES, PA.
10202 PERKINS ROW - APT. 4004
BATON ROUGE, LA 70810

SUBJECT: NEW LUNG ASSOCIATES, PA.
Ref. Number: P06000147972

We have received your document for NEW LUNG ASSOCIATES, PA. and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Partnership or Limited Liability Limited Partnership, but your entity is a Florida Profit 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.

Irene Albritton
Regulatory Specialist II

Letter Number: 417A00003357

# 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:

New Lung Associates, PA.

SECOND: The document number of the corporation (if known): P06000047972

THIRD: The date dissolution was authorized: 5/20/2016

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.

FILED
2016 MAR 10 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Members/Physicians of New Lung Associates
(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)

Mark W. Rouse
(Typed or printed name of person signing)

President New Lung Associates
(Title of person signing)

**Filing Fee: $35**

# Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "***Notice of Corporate Dissolution***" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: New Lung Associates

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the ***Articles of Dissolution***.

Description of information that must be included in a claim:

Dates of service, Name of individual for whom services paid, All payments for services rendered, All pending payments /outstanding invoices for Corr,

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

10202 Perkins Rowe apt 4004
Baton Rouge LA 70810

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Mark Wm Rocke
Printed Name of the Person Filing

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately $35.00**