

PO60000149396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

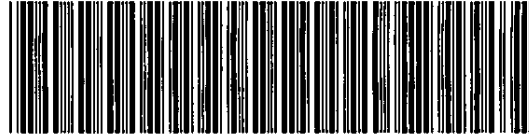
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/11/16--01003--005 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 28 AM 10:36

MAR 15 2016

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MAR 28 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2016

ROBERT A. ROSENSWEIG, MD
ROSENSWEIG RADIOLOGY, P.A.
13686 WINDY MONTEREY TRL
DELRAY BEACH, FL 33446

SUBJECT: ROSENSWEIG RADIOLOGY, P.A.
Ref. Number: P06000149396

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete Dissolution form pursuant to a Florida Profit Corporation.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 116A00005334

FILED STATE
SECRETARY OF CORPORATIONS
16 MAR 28 AM 10:37

RECEIVED
16 MAR 28 AM 10:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATE DISSOLUTION

DOCUMENT NUMBER: P06000149396

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

Please return all correspondence concerning this matter to the following:

ROBERT A ROSENWEG, MD
(Name of Contact Person)

ROSENWEG RADIOLOGY PA
(Firm/Company)

13686 WINDY MONTENEY TR
(Address)

DELRAY BEACH, FL 33446
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT A ROSENWEG, MD at (561) 637-1291
(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 FILED

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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DIVISION OF CORPORATIONS
16 MAR 28 AM 10:37

ARTICLES OF DISSOLUTION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 28 AM 10:37

Pursuant to section 607.1401, 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:

ROSENWEG RADIOLOGY PA

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

THIRD: The file date of the articles of incorporation: 12/01/06

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. NONE

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

ROBERT A ROSENWEG MD

(Typed or printed name of person signing)

PRESIDENT

(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: ROSENBERG RADIOLOGY PA

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:

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

13686 WINDY MONTANA TRL
DELRAY BEACH, FL 33446

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.

Robert A. Rosenberg
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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