

PD7000058865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

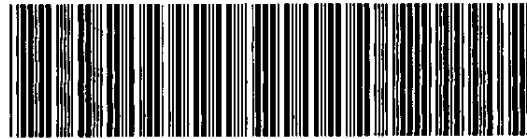
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Vo/dio
Tlewis
8-11-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Baker Community Medical Practice, Inc.

DOCUMENT NUMBER: P07000058865

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

Please return all correspondence concerning this matter to the following:

John D. Buchanan, Jr.

(Name of Contact Person)

Henry, Buchanan, Hudson, Suber & Carter, P.A.

(Firm/Company)

P. O. Box 14079

(Address)

Tallahassee, FL 32317

(City/State and Zip Code)

For further information concerning this matter, please call:

John Buchanan

(Name of Contact Person)

at (850)

222-2920

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF DISSOLUTION
OF
BAKER COMMUNITY MEDICAL PRACTICE, INC.

FILED
11 AUG -8 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to Section 607.1404 of the Business Corporation Act of Florida, the undersigned Corporation adopts these Articles of Dissolution.

FIRST, the name of this Corporation is Baker Community Medical Practice, Inc.

Second, the Corporation's Articles of Incorporation were filed on May 16, 2007.

Third, none of the shares of the Corporation have been issued.

Fourth, the Corporation has no unpaid debts.

Fifth, a majority of the directors have authorized the dissolution of the Corporation.

Dated: 8-2-2011

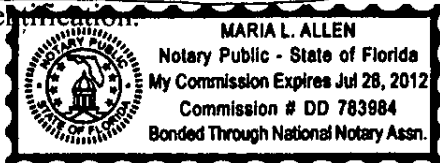
Dennis R Markos
DENNIS MARKOS
Incorporator or Director

Dated: 8-2-2011

Sherrie Raulerson
SHERRIE RAULERSON

STATE OF FLORIDA
COUNTY OF BAKER

The foregoing instrument was acknowledged before me on 2 AUG 2011
by DENNIS R. MARKOS of Baker Community Medical Practice,
who is personally known to me, or has produced _____
as identification.

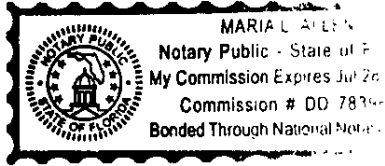


Maria L. Allen
Notary Public

STATE OF FLORIDA
COUNTY OF BAKER

The foregoing instrument was acknowledged before me on 2 AUG 2011
by SHERRIE RAULERSON of Baker Community Medical Practice,

who is personally known to me, or has produced _____
as identification.



Maria L. Allen
Notary Public

