P07000089919

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
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Special Instructions to Filing Officer:		
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dragos Vasile MD PA				
DOCUMENT NUMBER: P07000089919				
The enclosed Articles of Dissolution and fee are submitted to	for filing.			
Please return all correspondence concerning this matter to the	e following:			
Dragos Vasile				
(Name of Contact Person)				
Dragos Vasile MD				
(Firm/Company)				
6398 Longlake Drive				
(Address)	er e			
Port Orange , FL 32128	•			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Dragos Vasile at (863				
(Name of Contact Person) (Area	Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$\sqrt{35}\$ Filing Fee \$\sqrt{\$43.75}\$ Filing Fee & \$\sqrt{\$43.75}\$ Filing Certified Copy (Additional copenciosed)	Certificate of Status &			
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 articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of S	State:	
	Dragos Vasile MD PA		
SECOND:	The document number of the corporation (if known): P07000089919		
THIRD:	The file date of the articles of incorporation: 08/08/2007		
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 distribut to the shareholders, if shares were issued.	ed	
SEVENTH:	: Adoption of Dissolution (CHECK ONE)		
	✓ A majority of the incorporators authorized the dissolution.	OB, SECF	
	A majority of the directors authorized the dissolution.	APR 2 RETAR HASS	erneas A esta ^{ca}
Sign	nature:	1 AM 8: 20 SEE STATE	
	(By a director, president or other officer - if directors or officers have not been selected, by an incorp in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	orator - 11	
	Dragos Vasile		
	(Typed or printed name of person signing)		
	President		
	(Title of Person Signing)		

Filing Fee: \$35