

PO7000108276

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(Business Entity Name)

(Document Number)

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*Handwritten signature and date 5-2-11*

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
2011 MAY -2 AM 9:04

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF CORPORATION

**DOCUMENT NUMBER:** PO 7000108276

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

Please return all correspondence concerning this matter to the following:

David A. Wolin, MD  
(Name of Contact Person)

(Firm/Company)

200 E. 82nd St. Apt 25B  
(Address)

New York, N.Y. 10028  
(City/State and Zip Code)

For further information concerning this matter, please call:

David A. Wolin, MD at (561) 420-9934  
(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)

**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 State:

DAVID ALAN WOLIN, MD P.A.

SECOND: The document number of the corporation (if known): PO7000108276

THIRD: The file date of the articles of incorporation: 10-01-07

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.

2011 MAY -2 AM 9:04  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Signature: David A. Wolin

(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.)

DAVID A. WOLIN, MD  
(Typed or printed name of person signing)

President  
(Title of Person Signing)

**Filing Fee: \$35**