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**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	J
SUBJECT: Florida Corporation Dissolution	1
DOCUMENT NUMBER: <u>P08000006839</u>	
The enclosed Articles of Dissolution and fee are subm	itted for filing.
Please return all correspondence concerning this matter	r to the following:
Robert J Paresi Jr, MD	<u>.</u>
(Name of Contact Per	son)
Robert J. Paresi Jr., MD, P.A.	
(Firm/Company	)
1109 Ayrshire Street	
(Address)	_
Orlando, FL 32803	
(City/State and Zip C	Code)
For further information concerning this matter, please	call:
Kathy Ori, CPA at (_4	407 <sub>)</sub> 228-1317
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified	nal copy is Certified Copy
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:		
	Robert J. Paresi Jr., MD, P.A.			
SECOND:	The document number of the corporation (if known): P08000006839			
THIRD:	The file date of the articles of incorporation: <u>July 31, 2008</u>			
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 distribute to the shareholders, if shares were issued.	SECR	09 F	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	HAS	FEB 25	0 []
	A majority of the incorporators authorized the dissolution.	RY OF SEE.	5 11	
	A majority of the directors authorized the dissolution.	TARY OF STATE IASSEE, FLORIDA	B: 21	U
Signa	ature: Palent of Paris of, MD			
	(By a director, president of other officer - if directors or officers have not been selected, by an incomin the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	rporator -	if	
	Robert J Paresi Jr, MD			
	(Typed or printed name of person signing)			
	Director			
	(Title of Person Signing)			

Filing Fee: \$35