Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Name : DEAN, MEAD, I Account Number : 076077001702

Phone : (407)841-1200 Fax Number : (407)423-1831

DISSOLUTION OR WITHDRAWAL

EMERGENCY ONE URGENT CARE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:		
	Emergency One Urgent Care, Inc.		
SECOND:	The document number of the corporation (if known): P08000035213		
THIRD:	The date dissolution was authorized: July 29, 2008	_	
	Effective date of dissolution if applicable; (no more than 90 days after dissolution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	ıtion	
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by		
	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) Mohammad A. Khan, M.D.	To Part of	
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35

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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: Emergency One Urgent Care, Inc.
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:
Name and mailing address of the creditor
Amount of the claim
Copies of document(s) forming the basis of the claim
·
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
c/o Central Florida Internists, Inc.
Attention: Donna Khan, Secretrary
2918 17th Street
St. Cloud, FL 34769

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.

Mohammad A. Khan, M.D.

Printed Name of the Person Filing

Signature of the Person Filing

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