

PD8 000036605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

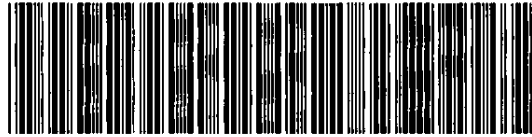
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700156059037

05/27/09--01020--023 **43.75

FILED

09 MAY 27 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dis

C.COULLIETTE

MAY 29 2009

EXAMINER



Ronald K. Parsonage | Mary E. Vandenack | Mark A. Williams
Joshua A. Diveley | Kirk E. Goettsch | Emily R. Langdon

*From the Desk of
Emily R. Langdon
elangdon@pvwlaw.com
(402) 504-1300*

May 26, 2009

VIA FEDERAL EXPRESS (797606392017)

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Bayway Medical Clinic, Inc.

Dear Department of State:

Enclosed are original signed Articles of Dissolution, one copy of the Articles of Dissolution, and your cover form for the above-referenced corporation, along with our firm's check in the amount of \$43.75 for the filing fee.

Please file these Articles and return a file-stamped copy to me with the Certificate of Status in the enclosed self-addressed, stamped envelope.

Please contact me if you have any questions or require further information. Thank you for your prompt attention to this matter.

Sincerely,

Emily R. Langdon
For the Firm

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bayway Medical Clinic, Inc.

DOCUMENT NUMBER: P08000036605

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

Please return all correspondence concerning this matter to the following:

Emily R. Langdon

(Name of Contact Person)

Parsonage Vandenack Williams LLC

(Firm/Company)

5332 South 138th Street, Suite 100

(Address)

Omaha, NE 68137

(City/State and Zip Code)

For further information concerning this matter, please call:

Emily Langdon

(Name of Contact Person)

at (402) 504-1300

(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
OF
BAYWAY MEDICAL CLINIC, INC.**

Pursuant to the Florida Business Corporation Act, Bayway Medical Clinic, Inc., a Florida corporation (the "Corporation"), hereby executes these Articles of Dissolution:

- FIRST: The name of the Corporation is Bayway Medical Clinic, Inc.
- SECOND: Dissolution of the Corporation was authorized on May 18, 2009.
- THIRD: Dissolution was approved by the sole shareholder of the Corporation. The number of votes cast for dissolution by the sole shareholder was sufficient to approve the dissolution of the Company.
- FIFTH: Voting by voting groups was not required.
- SIXTH: The effective date of these Articles of Dissolution shall be May 18, 2009.

BAYWAY MEDICAL CLINIC, INC.

By: _____

Jesse Cole, President

[Handwritten Signature]
May 18 09

FILED
09 MAY 27 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA