

P08000039836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

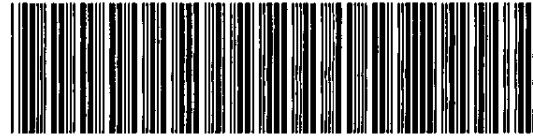
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
12 FEB 29 PM 3:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 01 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P08 0000 39836

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

Please return all correspondence concerning this matter to the following:

Michael Feldman

(Name of Contact Person)

Coral Reef Medical Research Group PA

(Firm/Company)

6705 Red Road

~~8750 SW 144 St #203 Miami, Florida~~

(Address)

33176

Suite 520 Coral Gables, Florida 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Feldman

(Name of Contact Person)

at (305) 586-9430

(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 **FILED**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

12 FEB 29 PM 3:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Coral Reef Medical Research Group PA

SECOND: The document number of the corporation (if known): P08000039836

THIRD: The date dissolution was authorized: 12/31/2011

Effective date of dissolution if applicable: 12/31/2011
(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.

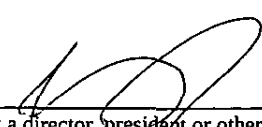
☐ Dissolution was approved by the shareholders through voting groups.

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

N/A

(voting group)

Signature: 

President

(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)

Michael Feldman

(Typed or printed name of person signing)

President / Partner

(Title of person signing)

Filing Fee: \$35