

PO8000045301

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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7-8-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** P 080000 45301

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

Please return all correspondence concerning this matter to the following:

STEPHEN STEFANO MD

(Name of Contact Person)

STEFANO MEDICAL CLINIC

(Firm/Company)

11734 North Dale Mabry

(Address)

TAMPA, FLORIDA. 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

LISA STEFANO

(Name of Contact Person)

at ( 813 ) 9626000

(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:

STEPANO MEDICAL CLINIC, INC

SECOND: The document number of the corporation (if known): P08000045301

THIRD: The file date the articles of incorporation: MAY 5 2008

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.

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.)

STEPHEN A. STEPANO M.D.

(Typed or printed name of person signing)

PRESIDENT / Chairman

(Title of Person Signing)

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