P08000067552

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : JOHN M WICKER PA
Account Number : I20070000104
Phone : (239)939-2222
Fax Number : (239)939-2280

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10 DEC 27 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL
CYPRESS MEDICAL ASSOCIATES OF SWFL, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CYPRESS MEDICAL ASSOCIATES OF SWFL, INC.

SECOND: The document number of the corporation (if known): P08000067552

THIRD: The date dissolution was authorized: DECEMBER 16, 2010

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.

☐ 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

_____
(voting group)

Signature: X _____
(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)

ROBERT DIFRONZO
(Typed or printed name of person signing)

PRESIDENT/DIRECTOR
(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: CYPRESS MEDICAL ASSOCIATES OF SWFL, 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 OF CREDITOR; PRODUCT OR SERVICE PROVIDED; TOTAL AMOUNT OF CLAIM; ACCOUNT SUMMARY; INVOICES; AND REFERENCE TO CONTRACT, IF APPLICABLE.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

CYPRESS MEDICAL CLAIMS
C/O ROBERT DIFRONZO
9371 CYPRESS LAKE DRIVE #12
FORT MYERS, FL 33919

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.

ROBERT DIFRONZO
Printed Name of the Person Filing

X
Signature of the Person Filing

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

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