

P09000092578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

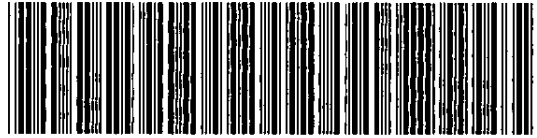
(Document Number)

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FILED

09 DEC 24 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Robert DEC 30 2009

**ARTICLES OF DISSOLUTION**

FILED  
09 DEC 24 PM 2:17  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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:

MEDICAL SPECIALISTS OF BOCA RATON, INC.

SECOND: The document number of the corporation (if known): P09000092578

THIRD: The file date of the articles of incorporation: 11-10-2009

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.

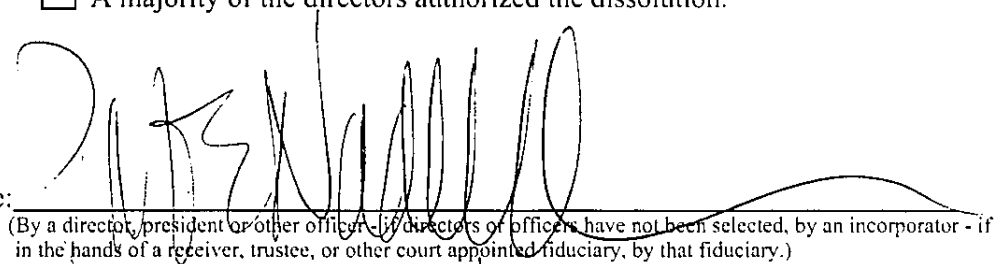
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. 0

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.)

PATRICK NADELHAFFER  
(Typed or printed name of person signing)

VICE PRESIDENT  
(Title of Person Signing)

Filing Fee: \$35

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:**

DISSOLUTION of Articles

**DOCUMENT NUMBER:**

PO9000092578

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

Please return all correspondence concerning this matter to the following:

PATRICK NADELHOFFER / BIRA GALLIANI  
(Name of Contact Person)

MEDICAL SPECIALISTS  
(Firm/Company)

100 VIA LUGANO CIR #307  
(Address)

BOYNTON BCH FL 33436  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICK NADELHOFFER OR  
BIRA GALLIANI

(Name of Contact Person)

at (561) 951-1134

(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

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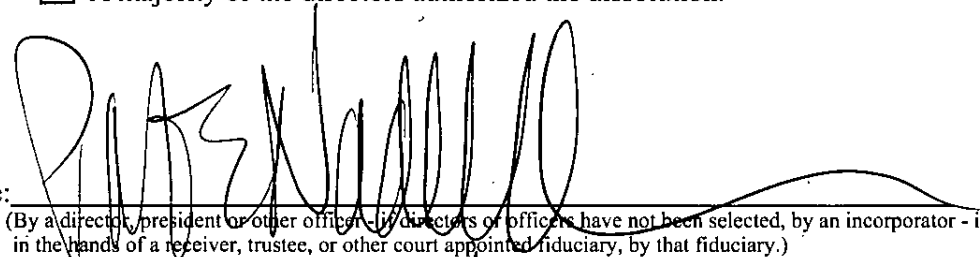
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