P.1000077586

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	—
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	-
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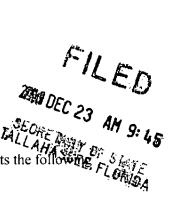
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TO: Amendment Section

Division of Corporations SUBJECT: Vohra Wound Physicians of CT, P.A. DOCUMENT NUMBER: P10000077586 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Luis M. Vissepo (Name of Contact Person) Vohra Wound Physicians (Firm/Company) 3601 SW 160th Avenue, Suite 250 (Address) Miramar, Florida 33027 (City/State and Zip Code) For further information concerning this matter, please call: at (954) 213-6251
(Area Code & Daytime Telephone Number) Luis M. Vissepo (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

`ARTICLES OF DISSOLUTION



Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following florida articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Vohra Wound Physicians of CT, P.A.
SECOND:	The document number of the corporation (if known): P10000077586
THIRD:	The file date of the articles of incorporation: 9/23/2010
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.
Sign	ature: (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.)
	Ameet Vohra, M.D.
	(Typed or printed name of person signing)
	President
	(Title of Person Signing)

Filing Fee: \$35