(Requestor's Name)	-
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: Vohra Wound Physicians	s of DE, P.A.
DOCUMENT NUMBER: 1000007764	7
The enclosed Articles of Dissolution and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Luis M. Vissepo	
(Name of Co	ntact Person)
Vohra Wound Physicians	
(Firm/C	ompany)
3601 SW 160th Avenue, Suite 250	
(Addr	ess)
Miramar, Florida 33027	
(City/State a	and Zip Code)
For further information concerning this matter	, please call:
Luis M. Vissepo	at (_954) 213-6251
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy Additional copy is enclosed)  \$\$\$ 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:	FIRST: The name of the corporation as currently filed with the Florida Department of State:		
	Vohra Wound Physicians of DE, P.A.		
SECOND:	The document number of the corporation (if known): 10000077647		
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.			
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.)		
	Ameet Vohra, M.D.		
	(Typed or printed name of person signing)		
	President		
	(Title of Person Signing)		

Filing Fee: \$35