

PK 0000 716 70

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

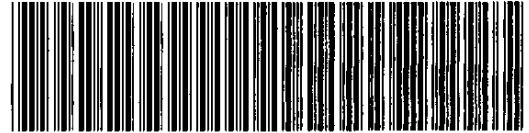
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC 23 AM 9:54

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[Signature]

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Vohra Wound Physicians of TX, P.A.

**DOCUMENT NUMBER:** 10000077670

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, FL 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis M. Vissepo

(Name of Contact Person)

at ( 954 ) 2136251

(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:  
Vohra Wound Physicians of TX, P.A.

SECOND: The document number of the corporation (if known): 10000077670

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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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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**