## P1100000 4503

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Voldis Tleurs 2-1-11

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Florida profit corp	poration
<b>DOCUMENT NUMBER:</b> P11000004503	
The enclosed Articles of Dissolution and fee are submit	tted for filing.
Please return all correspondence concerning this matter	to the following:
Dr. Larry Semer	
(Name of Contact Person	on)
Coordinated Medical Specialists, Inc.	
(Firm/Company)	
223 E. Hallandale Beach Blvd.	
(Address)	
Hallandale Beach, FL 33009	
(City/State and Zip Co	ode)
For further information concerning this matter, please ca	ail:
Dr. Larry Semer at (_9	
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certified (Additiona enclosed)	Copy Certificate of Status & Certified Copy
MAILING ADDRESS: Amendment Section	STREET ADDRESS:
Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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:
	Coordinated Podiatry Networks, Inc.
SECOND:	The document number of the corporation (if known): P11000004503
THIRD:	The file date of the articles of incorporation: 01/13/2011
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.)
	L. Craig Semer, DPM  (Typed or printed name of person signing)
	DS .
	(Title of Person Signing)

Filing Fee: \$35