P1000036219

	(Requestor's Name)
	(Address)
<u></u>	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(0)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
1	
<u> </u>	. <u> </u>

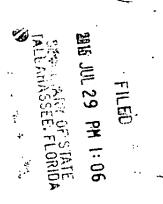
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Pediatric Emergency Physicians of F	lorida, P.A
DOCUMENT NUMBER: P11000036219	
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Max A	a. Adams
(Name of C	Contact Person)
The Law Offices of	Max A. Adams Esq. PLLC.
(Firm	n/Company)
325 A	Imeria Avenue
(Ac	ddress)
Coral Gal	bles, FL, 33134
(City/Stat	te and Zip Code)
For further information concerning this mat	ter, please call:
Krystal Ortiz Rivera	at (305 - 444- 3484
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 9, 2015

Max A. Adams
The Law Offices of Max A. Adams Esq.
325 Almeria Ave.
Coral Gables, FL 33134

SUBJECT: PEDIATRIC EMERGENCY PHYSICIANS OF FLORIDA, P.A.

Ref. Number: P11000036219

We have received your document for PEDIATRIC EMERGENCY PHYSICIANS OF FLORIDA, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

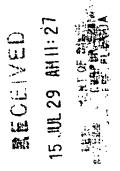
You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 715A00014360



ARTICLES OF DISSOLUTION

FILED

Pursuant to articles of d	section 607.1401, Florida Statutes, this Florida profit corporation sufficiently of STATE SECTION OF STATE TALEAHASSEE. FLORIDA
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Pediatric Emergency Physicians of Florida, P.A.
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: April 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.
	\mathcal{M}_{A} $\mathcal{Q}\mathcal{M}_{A}$ \mathcal{E}_{2}
Sign	(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.)
	Max A. Adams
	(Typed or printed name of person signing)
	Attorney Incorporator
	(Title of Person Signing)

Filing Fee: \$35