

PI10000068107

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 SEP 24 AM 8:58

Rev of Diss

SEP 29 2015

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Kumar Rajagopalan M.D., P.A.

**DOCUMENT NUMBER:** P11000068107

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kumar Rajagopalan M.D.

Name of Contact Person

Firm/Company

10006 Rosewood St.

Address

Parkland, FL 33076

City/State and Zip Code

kumarmd@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kumar Rajagopalan

Name of Contact Person

At ( 954 ) 899-6739

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 REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is: KUMAR RAJAGOPALAN MDA

SECOND: The document number of the corporation (if known) is P11000068107

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

filed with the Florida Department of State is 9/10/15

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: The Revocation of Dissolution was authorized on 9/24/15

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors revoked the dissolution.
- ☒ The incorporators revoked the dissolution.
- ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☐ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
- ☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by

\_\_\_\_\_ was sufficient for approval.  
(Voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

Signature

Kumar Rajagopal  
(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)

KUMAR RAJAGOPALAN  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

FILED  
SECRETARY OF STATE  
DIVISION OF REVENUE  
2015 SEP 24 AM 8:58

## **ARTICLES OF DISSOLUTION**

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST:** The name of the corporation as currently filed with the Florida Department of State:  
KUMAR RAJAGOPALAN,M.D.,P.A.
- SECOND:** The document number of the corporation: P11000068107
- THIRD:** The file date of the articles of incorporation: July 28, 2011
- FOURTH:** None of the corporation's shares have been issued.
- 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:** A majority of the incorporators authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: VICTORIA BARNHART

CFO

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Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

KUMAR RAJAGOPALAN, M.D., P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

LOCATION CLOSED

Mailing address where claims can be sent:

3816 HOLLYWOOD BOULEVARD  
102  
HOLLYWOOD, FL 33021

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: VICTORIA BARNHART

Electronic Signature of the Person Filing