

P 11000093802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

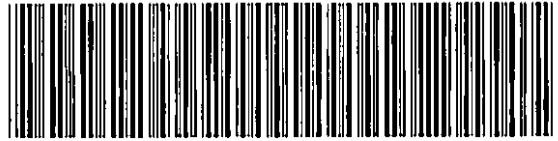
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
18 SEP -6 AM 10:51

FILED
2018 SEP -6 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN
SEP -7 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 375400 8159564

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : September 5, 2018

ORDER TIME : 9:41 AM

ORDER NO. : 375400-010

CUSTOMER NO: 8159564

DOMESTIC FILINGS

NAME: BESTPRACTICES OF FLORIDA, P.A.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BestPractices of Florida, P.A.

DOCUMENT NUMBER: PI1000093802

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

Please return all correspondence concerning this matter to the following:

Michelle Sanderson, CP

(Name of Contact Person)

Envision Physician Services, LLC

(Firm/Company)

7700 W. Sunrise Blvd.

(Address)

Plantation, Florida 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Sanderson, CP

at (954 939-7768

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED

2018 SEP -6 AM 9:44

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECRETARY OF STATE
TALLAHASSEE, FL

FIRST: The name of the corporation as currently filed with the Florida Department of State:
BestPractices of Florida, P.A.

SECOND: The document number of the corporation (if known): P11000093802

THIRD: The date dissolution was authorized: September 1, 2018

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

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: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

Thom Mayer, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)