

P12000068830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

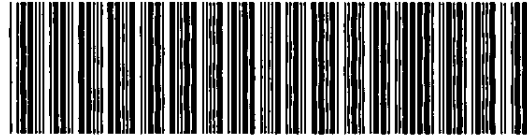
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700253932017

01/06/14--01020--008 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN -6 AM 11:47

DEC 10 2014
T. DEMARCO
D

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATE DISSOLUTION

DOCUMENT NUMBER: P12000068830

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

Please return all correspondence concerning this matter to the following:

HARRIS GELLMAN, M.D.

(Name of Contact Person)

DOCTORS-APPS.COM INC

(Firm/Company)

3100 CORAL HILLS DR., STE 305

(Address)

CORAL SPRINGS, FL 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

HARRIS GELLMAN, M.D. at (954) 595-8056

(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 checked="" 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

Pursuant to section 607.1403, 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:
DOCTORS-APPS.COM INC

SECOND: The document number of the corporation (if known): **P12000068830**

THIRD: The date dissolution was authorized: **12/31/2013**
Effective date of dissolution if applicable: **12/31/2013**
(no more than 90 days after dissolution file date)

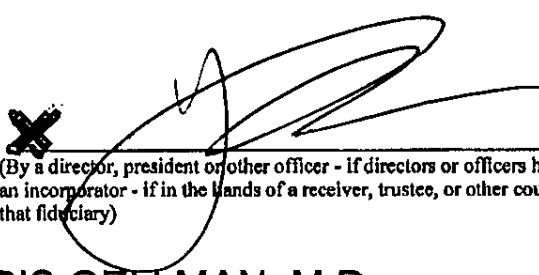
FOURTH: Adoption of Dissolution (CHECK ONE)

☒ 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
1,000 required votes, Harris Gellman, M.D. - Sole 100% Shareholder
(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)

HARRIS GELLMAN, M.D.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN -6 AM 11:47