

P12000088319

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DIVISION OF CORPORATIONS  
SECRETARY OF STATE

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JUN 19 2015

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Geetika Arora, M.D., P.A.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P12000088319  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

MAX A. ADAMS ESQ  
\_\_\_\_\_

(Name of Contact Person)

LAW OFFICES OF MAX A. ADAMS, ESQ. PLLC.  
\_\_\_\_\_

(Firm/Company)

325 ALMERIA AVENUE  
\_\_\_\_\_

(Address)

CORAL GABLES FL 33134  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

KRYSTAL ORTIZ RIVERA  
\_\_\_\_\_

(Name of Contact Person)

305-444-3484  
\_\_\_\_\_

at (

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2015

MAX A. ADAMSM ESQ.  
LAW OFFICES OF MAX A. ADAMS, ESQ., PLLC  
325 ALMERIA AVENUE  
CORAL GABLES, FL 33134

SUBJECT: GEETIKA ARORA MD PA  
Ref. Number: P12000088319

We have received your document for GEETIKA ARORA MD PA 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 failed to make the correction(s) requested in our previous letter.

PLEASE CHOOSE 1(ONE) FORM AND COMPLETE IT IN ITS ENTIRETY.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 815A00011899

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2015

MAX A. ADAMS, ESQ.  
LAW OFFICES OF MAX A. ADAMS, ESQ. PLLC  
325 ALMERIA AVENUE  
CORAL GABLES, FL 33134

SUBJECT: GEETIKA ARORA MD PA  
Ref. Number: P12000088319

We have received your document for GEETIKA ARORA MD PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please choose one form and complete it in its entirety.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 515A00010811

## 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:

Geetika Arora, M.D.,P.A.

SECOND: The document number of the corporation (if known): P12000088319

THIRD: The file date of the articles of incorporation: October 26, 2012

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.

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.)

Max A. Adams, Esq.

(Typed or printed name of person signing)

Attorney in fact

(Title of Person Signing)

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DIVISION OF CORPORATE  
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Filing Fee: \$35