

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000005123)))



H170000005123ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

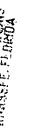
From:

Account Name : SMITH HULSEY & BUSEY

Account Number: 075030000653 Phone : (904)359-7700

Fax Number : (904)359-7708

DISSOLUTION OR WITHDRAWAL BENJAMIN W. WEBSTER, M.D., P.A.



Certificate of Status Certified Copy 0 Page Count 02 stimated Charge S35.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H170000005123)))

ARTICLES OF DISSOLUTION OF BENJAMIN W. WEBSTER, M.D., P.A.

ARTICLE I

The name of this corporation is Benjamin W. Webster, M.D., P.A. (the "Corporation").

ARTICLE II

The Articles of Incorporation of the Corporation were filed on January 1, 2013 and were assigned document number P12000103890.

ARTICLE III

The dissolution of the Corporation was authorized by written consent adopted by the sole Shareholder of the Corporation on December 16, 2016.

ARTICLE IV

The dissolution of the Corporation shall be effective as of December 31, 2016.

Dated this \(\sum_{\text{day}}\) day of December, 2016.

Benjamin W. Webster, M.D.

President

(((H170000005123)))

Filing Fee: \$35

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.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.	
Name of Corporation: Benjamin W. Webster, M.D., P.A.	
Date of dissolution will be the date the dissolution is filed with the Department of State specified in the Articles of Dissolution.	or as
Description of information that must be included in a claim:	
The identity and contact information for the person or entity asserting the claim, a description of	of the basis for
the claim, the date the claim arose, the amount of the claim, and a description of the facts and ci	ircumstances
underlying the claim.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Co	rporations)
4241 Clendenning Road	
Gibsonia, PA 15044	
·	
A claim against the above named corporation will be barred unless a proceeding to enfo within 4 years after the filing of this notice.	orce the claim is commenced
Benjamin W. Webster, M.D.	Luca
Printed Name of the Person Filing Signature of	the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00