

K1400001002

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H19000307600 3)))



H190003076003ABC-

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 : LAZARUS CORPORATE FILING SERVICE, LLC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL
GABLES HEALTH PRACTICE AYALA M.D. CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2019 OCT 16 PM 4:25

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 17 2019
C. MICHAEL

FROM

(TUE) OCT 16 2019 15:34/ST. 15:33/No. 8304814177

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Gables Health Practice Ayala MD, Corp.

SECOND: The document number of the corporation (if known): P14000010028

THIRD: The date dissolution was authorized: 9/9/2019

Effective date of dissolution if applicable: _____

(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

(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)

Mayra C. PENA

(Typed or printed name of person signing)

Vice-President

(Title of person signing)

Filing Fee: \$35