

P140000041170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECTION OF  
TALLAHASSEE  
FLORIDA

YPO  
JAN 09 2017  
K. WHITE

MELISSA R. CASANUEVA  
JASON M. DEPAOLA  
JOSE D. ESTIGARRIBIA  
CURTIS D. HAMLIN\*  
MARY R. HAWK+  
TIMOTHY A. KNOWLES  
GREGORY J. PORGES++  
BRYONY G. SWIFT



PORGES, HAMLIN,  
KNOWLES & HAWK, P.A.

OFFICE ADDRESS  
1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205  
TEL: (941) 748-3770  
FAX: (941) 746-4160  
www.phkhlaw.com

\*BOARD CERTIFIED REAL ESTATE LAWYER  
\*\*BOARD CERTIFIED IN CITY, COUNTY AND  
LOCAL GOVERNMENT LAW  
+FLORIDA SUPREME COURT CERTIFIED  
CIRCUIT CIVIL AND APPELLATE MEDIATOR  
CERTIFIED ARBITRATOR  
ALSO ADMITTED IN GEORGIA  
++ALSO ADMITTED IN NEW YORK

OF COUNSEL:  
ALAN H. PRATHER\*\*

December 29, 2016

*Via Certified Mail*

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

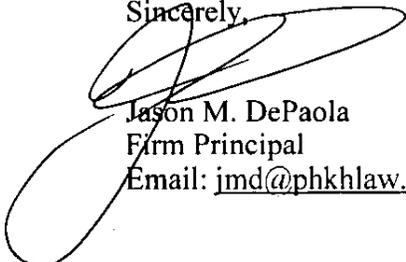
Re: Your Child Pediatrics, P.A.  
Articles of Dissolution  
OFN: 11467-06

Dear Sir or Madam:

Enclosed please find the fully-executed Articles of Dissolution for the above-referenced for-profit corporation. Also enclosed is a check for \$35.00 to provide payment for the filing fee. Please process the filing of the Articles of Dissolution as soon as possible.

If you have any questions, please do not hesitate to call me at 941.748.3770. Thank you.

Sincerely,



Jason M. DePaola  
Firm Principal  
Email: [jmd@phkhlaw.com](mailto:jmd@phkhlaw.com)

JMD:jms  
Enclosures (2)  
cc: Anthony C. Skidmore (w/ Encls.)

**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:  
YOUR CHILD PEDIATRICS, P.A.

SECOND: The document number of the corporation (if known): P14000041170

THIRD: The date dissolution was authorized: DECEMBER 7, 2016

Effective date of dissolution if applicable: DECEMBER 31, 2016  
(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)

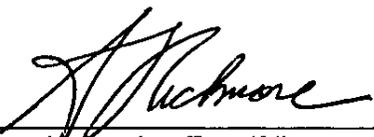
- Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- Dissolution was approved by the shareholders through voting groups.

*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)

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FILED  
TALLAHASSEE

Signature:  12/28/2016  
(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)

ANTHONY C. SKIDMORE  
\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT  
\_\_\_\_\_  
(Title of person signing)