

P140000045777

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

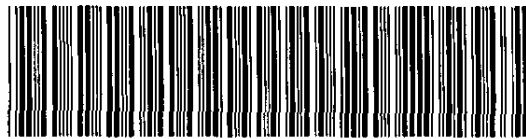
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 JUL 31 AM 11:16  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2014 JUL 31 AM 11:19  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

*AVR*  
*8/1/14*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 229039 8006576

AUTHORIZATION :

COST LIMIT :

\$ 35.00

ORDER DATE : July 24, 2014

ORDER TIME : 10:17 AM

ORDER NO. : 229039-010

CUSTOMER NO: 8006576

DOMESTIC FILINGS

NAME: GREGORY T. CAPRIOTTI, PSY.,  
P.A.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT# 62925

EXAMINER'S INITIALS: \_\_\_\_\_

## ARTICLES OF DISSOLUTION

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

FILED  
2014 JUL 31 AM 11:19  
SECRETARY OF STATE  
TREASURER  
FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
**GREGORY T. CAPRIOTTI, PSY., P.A.**

SECOND: The document number of the corporation (if known): **P14000045777**

THIRD: The date dissolution was authorized: **7/30/2014**

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)

**Dr. Gregory T. Capriotti**

\_\_\_\_\_  
(Typed or printed name of person signing)

**Director**

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

**Filing Fee: \$35**