

Florida Department
Division of
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Rosa Wong, Paralegal
Account Name : AKERMAN LLP - MIAMI
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

**DISSOLUTION OR WITHDRAWAL
PALM BEACH OBSTETRICS & GYNCOLOGY P.A.**

Certificate of Status	0
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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:
Palm Beach Obstetrics & Gynecology, P.A.

SECOND: The document number of the corporation (if known): P93000048878

THIRD: The date dissolution was authorized: September 12, 2019

Effective date of dissolution if applicable: December 1, 2019

(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)

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)

Samuel Lederman, MD

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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STATE OF FLORIDA
DEPARTMENT OF STATE

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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: Palm Beach Obstetrics & Gynecology, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Complete name, mailing address, and telephone number of claimant, a fully detailed description of the nature of the claim, complete references to any relevant agreements under which the claim arose, the amount of the claim and the date upon which the claim arose.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

4671 S. Congress Avenue

Suite 100-B

Lake Worth, FL 33461

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Samuel Lederman, MD

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

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