

P93000054995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

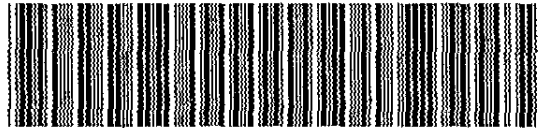
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
ALLAHASSEE, FLORIDA

Rs 8/25/04  
Diss

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

**DOCUMENT NUMBER:** P93000054995

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PRAN M KAR  
(Name of Person)

ORLANDO NEPHROLOGY, PA  
(Name of Firm/Company)

740 S. DILLARD ST  
(Address)

Winter Garden, FL 34787  
(City/State/and Zip Code)

For further information concerning this matter, please call:

PRAN M. KAR at (407) 415-8708  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☒ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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 Department of State:

ORLANDO NEPHROLOGY, PA

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

P9300005479

THIRD: The date dissolution was authorized:

12/31/03

Effective date of dissolution if applicable:

12/31/03

(no more than 90 days after dissolution filed)

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 of 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)

Signed this 12 day of AUGUST, 2004

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)

PRAN M. KAR

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

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