

P93000058007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

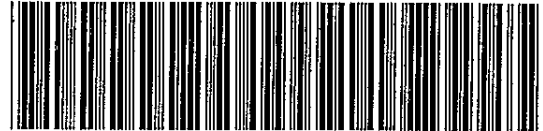
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
04 DEC 17 AM 11:32
CLERK OF STATE
ALLAHASSEE, FLORIDA

EFFECTIVE DATE

12-31-04

12/17/04--01038--017 **43.75

PS 12/27/04
Diss

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Center for Neurologic Diseases of the Treasure Coast, P.A.

DOCUMENT NUMBER: P93000058007

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

Please return all correspondence concerning this matter to the following:

Tracey E. Cerbone, President

(Name of Person)

Center of Neurologic Diseases of the Treasure Coast, P.A.

(Name of Firm/Company)

1651 SE Tiffany Avenue, Suite 102

(Address)

Port St. Lucie, FL 34952

(City/State/and Zip Code)

For further information concerning this matter, please call:

Gregory R. Nuttall

(Name of Person)

at (772) 287-4480

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
(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
CENTER FOR NEUROLOGIC DISEASE OF THE TREASURE COAST, P.A.

SECOND: The document number of the corporation (if known): P93000058007

THIRD: The date dissolution was authorized: 12/13/2004
Effective date of dissolution if applicable: 12/31/2004
(no more than 90 days after dissolution file date)

DEPARTMENT OF STATE
ALACHUA COUNTY, FLORIDA

04 DEC 17 AM 11:32

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FOURTH: Adoption of Dissolution (CHECK ONE)

EFFECTIVE DATE
12-31-04

- ☒ 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.

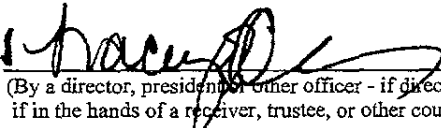
The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

100 %

(voting group)

Signed this 13 day of DECEMBER, 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)

TRACEY E. CERBONE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35