

PQ3000062045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

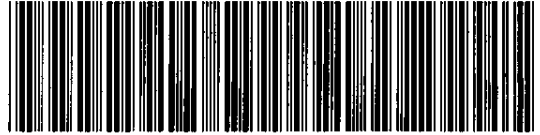
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09 DEC -4 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*FD Diss/Water  
12/9 am*

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\* *Board Certified Civil Trial Lawyer*

REPLY TO: **DeLand**

December 1, 2009

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

Re: Central Florida Gastroenterology, P.A.  
Document No.: P93000062045

Dear Sir/Madam:

The enclosed Articles of Dissolution are submitted for filing. Please return all correspondence concerning this matter to the undersigned and feel free to call my DeLand office should you have any questions. Enclosed is a check in the amount of \$35.00 for your filing fee.

Very truly yours,

PAUL & ELKIND, P.A.

  
Harlan L. Paul

HLP/jlm

Enclosures

cc: Central Florida Gastroenterology, P.A. (w/enclosures)

## 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 is Central Florida Gastroenterology, P.A.

SECOND: The document number of the corporation is P93000062045.

THIRD: The date dissolution was authorized: November 13, 2009

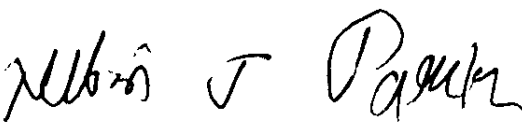
Effective date of dissolution if applicable: December 31, 2009

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.

Signature:

  
Nitin J. Parikh, M.D., Director/President

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## NOTICE OF CORPORATE DISSOLUTION

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against the 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.

The name of the Corporation is Central Florida Gastroenterology, P.A.

The 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:

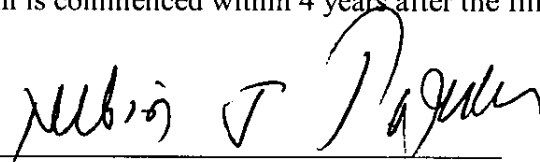
The exact nature of the claim, the date the claim arose, the amount of the claim and the name and address of the claimant.

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

Central Florida Gastroenterology, P.A.  
c/o 258 Snowfields Run  
Heathrow, FL 32746-4125

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.

Signature:

  
Nitin J. Parikh, M.D., Director/President