

P93000064155

mid Florida Eye Care Associates, Inc.

Requester's Name

17560 West Highway 441

Address

Mt Dora, FL 32757

City/State/Zip

Phone #

100005146181--1

-03/22/02--01041--007

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

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☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 22 AM 8:42

Art Dipp (10)
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Examiner's Initials

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Mid Florida Eye Care
Associates, Inc.

SECOND: The filing date of the articles of incorporation was: September 10, 1993

THIRD: (CHECK ONE)

- ☐ None of the corporation's shares have been issued.
- ☒ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

- ☐ A majority of the incorporators authorized the dissolution.
- ☒ A majority of the directors authorized the dissolution.

Signed this 11 day of March, 2000.

Signature

[Signature]
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

KENT B BOWE

(Typed or printed name)

CHIEF EXECUTIVE OFFICER

(Title)

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