

P93000065584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

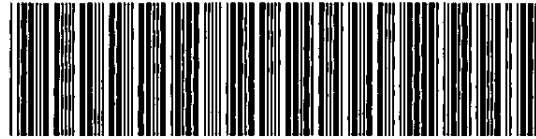
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4/3/07

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2007

PAUL M. GUSTMAN, M.D.
PAUL M. GUSTMAN, M.D., P.A.
9035 SUNSET DRIVE, SUITE 103
MIAMI, FL 33173

SUBJECT: PAUL M. GUSTMAN, M.D., P.A.
Ref. Number: P93000065584

RECEIVED
07 APR -2 AM 8:00
DIVISION OF CORPORATIONS

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE CHECK ONE OF THE BOXES SHOWN UNDER SECTION FOURTH
ADOPTION OF DISSOLUTION.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 407A00020458

TO: Amendment Section
Division of Corporations

SUBJECT: PAUL M. GUSTMAN, M.D., P.A.

DOCUMENT NUMBER: P93000065584

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

Please return all correspondence concerning this matter to the following:

PAUL M. GUSTMAN, M.D.

(Name of Contact Person)

PAUL M. GUSTMAN, M.D., P.A.

(Firm/Company)

9035 Sunset Drive, Suite 103

(Address)

Miami, Florida 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL M. GUSTMAN

(Name of Contact Person)

at

(305)275-7575

(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, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

PAUL M. GUSTMAN, M.D., P.A.

SECOND: The document number of the corporation (if known): P93000065584

THIRD: The date dissolution was authorized: 12/31/06

Effective date of dissolution if applicable: 12/31/06
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

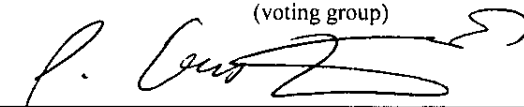
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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

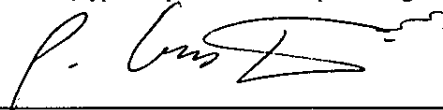
Paul M. Gustman M.D.
(voting group)

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)

PAUL M. GUSTMAN, M.D., P.A.

(Typed or printed name of person signing)



(Title of person signing)

PAUL M. GUSTMAN, DIRECTOR

Filing Fee: \$35

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