

Paul A. Gutlohn, M.D., P.A.
1125 Hardee Road
Coral Gables, Florida 33146

Tel. (305) 666-2020

Fax (305) 666-3631

P94000024920

January 10, 2000

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Please be advised that my Corporation ceased operations 12/30/99.

Enclosed are Articles of Dissolution, a copy of my Corporation Certificate, and a check in the amount of \$43.75 to cover fees and one (1) Certified Copy of Dissolution.

Please forward documentation to:

Paul A. Gutlohn, M.D., P.A.
1125 Hardee Road
Coral Gables, Florida 33146
Tel. (305) 666-2020

Fax (305) 666-3631

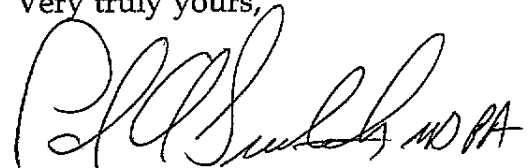
100003101911--9
-01/19/00--01005--009
*****43.75 *****43.75

FILED
00 JAN 18 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank you very much for your attention to this matter.

Diss
1-26-00
D43

Very truly yours,


Paul A. Gutlohn, M.D., P.A.

Enclosed (3)

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 is: PAUL A. GUTLOHN M.D. P.A.

SECOND: The date dissolution was authorized: 12/30/99

THIRD: 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 vote 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 30 day of December, 1999

Signature

Paul A. Gutlohn M.D. P.A.
(By the Chairman or Vice Chairman of the Board, President, or other officer)

PAUL A. GUTLOHN M.D. P.A.
(Typed or printed name)

PRESIDENT
(Title)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JAN 18 AM 10:20

FILED