

P94000073700

SumState Research

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

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

1. Central Florida Primary One
(Corporation Name) (Document #)
2. P.A. *dus*
(Corporation Name) (Document #)
3.
(Corporation Name) (Document #)
4.
(Corporation Name) (Document #)

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99 NOV 10 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☒ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☒ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF DISSOLUTION
OF
CENTRAL FLORIDA PRIMARY CARE, P.A.

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TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes, §607.1403, the undersigned hereby acknowledges and files with the Secretary of State of the State of Florida these Articles of Dissolution for the purpose of dissolving a corporation for profit in accordance with the laws of the State of Florida. The Articles of Incorporation were approved by and filed with the Secretary of State of Florida on October 7, 1994, document number P94000073700

1. The name of the corporation is **CENTRAL FLORIDA PRIMARY CARE, P.A.**, a Florida professional services corporation.
2. The date dissolution was authorized was September 16, 1999.
3. The dissolution was approved by the unanimous agreement of all of the members of the Board of Directors and all of the Shareholders and, as such, was sufficient for approval.
4. The Effective Date of dissolution shall be December 31, 1999.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Corporation as the duly authorized act of the said Corporation this 30 day of September, 1999.

CENTRAL FLORIDA PRIMARY CARE, P.A.

By: David Cowan
David Cowan, President

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 37th day of September, 1999, by David Cowan, as President of CENTRAL FLORIDA PRIMARY CARE, P.A., who is personally known to me (or who has produced Personally Known as identification) and who did/did not take an oath.

(SEAL)

M. Carlen Pettigrew
Notary Public - State of Florida
My Commission Expires:



M. Carlen Pettigrew
MY COMMISSION # CC683256 EXPIRES
December 4, 2001
BONDED THRU TROY FAIR INSURANCE, INC