

P95000017872

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2005 JUL 14 PM 3:05

(Requestor's Name)

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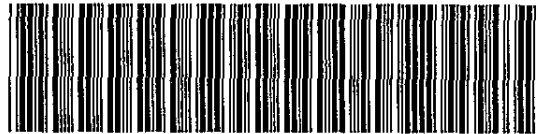
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Atilla Eagleman, M.D., P.A.

DOCUMENT NUMBER: P95000017872

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

Please return all correspondence concerning this matter to the following:

Agnes S. Hollingshead, Esq.

(Name of Person)

Agnes S. Hollingshead, P.A.

(Name of Firm/Company)

3600 South Congress Avenue, Suite K

(Address)

Boynton Beach, FL 33426

(City/State/and Zip Code)

For further information concerning this matter, please call:

Agnes S. Hollingshead, Esq.

(Name of Person)

at (561)

736-9966

(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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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:

Atilla Eagleman, M.D., P.A.

SECOND: The document number of the corporation (if known): P95000017872

THIRD: The date dissolution was authorized: July 7th, 2005

Effective date of dissolution if applicable: _____
(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 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

Atilla Eagleman
Atilla Eagleman / SHARE HOLDER
(voting group)

Signed this 7th day of July, 2005

Signature:

Atilla Eagleman / DIRECTOR
(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)

Atilla Eagleman

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

SECRETARY
DIVISION OF CORP.
2005 JUL 14 PM 3:05

Notice of Corporate Dissolution

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

Name of Corporation: Atilla Eagleman, M.D., P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

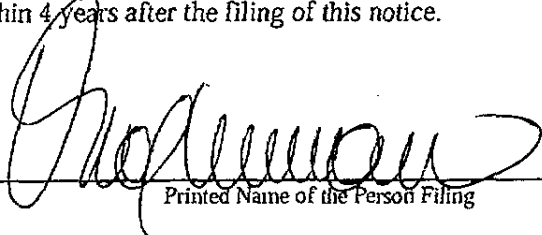
Description of information that must be included in a claim:

Name of claimant
Amount of claim
Nature of claim
Date of claim

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

ATILLA EAGLEMAN
2649 FLORIDA BLVD
APT #515
DELRAY BEACH, FL 33433

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.


Printed Name of the Person Filing

ATILLA EAGLEMAN, MD
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00