

PQ5000019889

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P95 0000 19889

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

Please return all correspondence concerning this matter to the following:

Miguel A. AMOR

(Name of Contact Person)

Miguel A. AMOR, M.D. / P.A. d/b/a NAPLES Medical Center

(Firm/Company)

35 SW 36 COURT

(Address)

Miami, FL 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Napoles

(Name of Contact Person)

at (786) 488-1256

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2008

MARIA JULIA NAPOLES
434 S.W. 12TH AVE., #306
MIAMI, FL 33130

SUBJECT: MIGUEL A. AMOR M.D., P.A.
Ref. Number: P95000019889

We have received your document for MIGUEL A. AMOR M.D., P.A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 908A00034428

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:

Miguel A. Amor M.D., P.A.

SECOND: The document number of the corporation (if known): P9500019884

THIRD: The date dissolution was authorized: 3/21/08

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 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

2

(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)

Eugene J. M. Gregory, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
08 JUL - 1 PM 14 49
SECRETARY OF STATE
ALL AMESSEE, FLORIDA

Filing Fee: \$35