(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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January 15, 2013

ED POTTER BOCA DERMATOLOGY & COSMETIC SURGERY CENT 5250 BOCA MARINA CIRCLE S BOCA RATON, FL 33487

SUBJECT: BOCA DERMATOLOGY AND COSMETIC SURGERY CENTER,

INC.

Ref. Number: P95000061380

We have received your document for BOCA DERMATOLOGY AND COSMETIC SURGERY CENTER, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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) 245-6050.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 013A00001186

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION	
<u> </u>	
DOCUMENT NUMBER: P95000613	A m
DOCUMENT NUMBER: 1 73 000613	80
The enclosed Articles of Dissolution and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	e following:
ED PorteR	
(Name of Contact Person)	
BOCA DERMOTOLOGY & COSMETTE SC (Firm/Company)	IRGERY CENTER, INC.
(Firm/Company)	,
5250 BORA MARINA CIR S	
(Address)	
D . O C1 331.m	
BOCA RATON FL 33487 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ED POTTER at (561	) and suna
(Name of Contact Person) (Area (	Code & Daytime Telephone Number)
·	
Enclosed is a check for the following amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing	Fee & 🗆 \$52.50 Filing Fee,
Certificate of Status Certified Copy	,
PREVIOUSLY PAID (Additional copenclosed)	y is Certified Copy (Additional copy is
SEE LETTER OF 1-15-13	enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
rananassee, r L 32317	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		
	BOCA DERMATULARY & COSMETIC SURGERY CENTER, INC		
SECOND:	The document number of the corporation (if known): P95 000061380		
THIRD:	The date dissolution was authorized: 12-31-12		
	Effective date of dissolution if applicable: 12-31-12 (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		
	(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)		
	ED POTIER		
	(Typed or printed name of person signing)		
	SECRATARY AND PIRECTOR (Title of person signing)		
	(Title of person signing)		

Filing Fee: \$35