

PS 00009536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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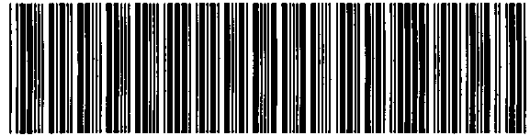
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/10/06--01050--013 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 8/21/06  
Diss/notice

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**SUBJECT:** ORTHOPAEDIC & PODIATRIC CONSULTANTS OF FLORIDA, INC.

**DOCUMENT NUMBER:** P95000069536

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

Please return all correspondence concerning this matter to the following:

ROBERT SHEINBERG  
**(Name of Contact Person)**

ORTHOPAEDIC & PODIATRIC CONSULTANTS, INC.  
**(Firm/Company)**

1600 TOWN CENTER BLVD., SUITE C  
**(Address)**

WESTON, FL 33326  
**(City/State and Zip Code)**

For further information concerning this matter, please call:

ROBERT SHEINBERG at ( 954 ) 389-7825  
**(Name of Contact Person) (Area Code & Daytime Telephone Number)**

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> <b>\$35</b> Filing Fee	<input type="checkbox"/> <b>\$43.75</b> Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> <b>\$43.75</b> Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> <b>\$52.50</b> Filing Fee Certificate of Status & Certified Copy (Additional copy is enclosed)
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**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

# ROTHSTEIN • ROSENFELDT • ADLER

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†Admitted in FL, PA and DC  
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June 30, 2006

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Orthopaedic & Podiatric Consultants of Florida, Inc.**

Dear Sir/Madam:

I am enclosing herewith an Application for Dissolution. Same has been published in the Daily Business Review for Miami-Dade County. Also enclosed is my check in the amount of 35<sup>00</sup> representing the filing fee. Please record same and forward back the receipt and acknowledgment to me in the enclosed stamped, self-addressed envelope.

If you have any questions, please feel free to contact me.

Very truly yours,  
ROTHSTEIN ROSENFELDT ADLER

Arthur C. Neiwirth  
Partner  
For the Firm

ACN/pw  
cc: client

ARTICLES OF DISSOLUTION  
ORTHOPAEDIC & PODIATRIC CONSULTANTS  
OF FLORIDA, INC.

FILED  
06 AUG 10 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Pursuant to section 607.1407, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:*

FIRST: The name of the corporation is: Orthopaedic & Podiatric Consultants of Florida, Inc.

SECOND: The document number of the corporation is P95000069536 and same was filed on September 6, 1995.

THIRD: The date dissolution was authorized: June 16, 2006

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ X Dissolution was approved by the shareholders. The number of votes case 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.*

FOURTH: These articles of dissolution will take effect filing with the Secretary of State.

Signed this 13 day of July, 2006.

Signature \_\_\_\_\_

Robert Sheinberg, President

**RESOLUTION ADOPTING PLAN OF LIQUIDATION**  
**ORTHOPAEDIC & PODIATRIC CONSULTANTS OF FLORIDA, INC.**

WHEREAS, the Corporation is being dissolved pursuant to a resolution of dissolution adopted by its shareholders on July 13, 2006;


WHEREAS, the Board of Directors have determined that a Plan of Liquidation and distribution of assets has already taken place between the shareholders and that there are no creditors remaining of which they are aware; and

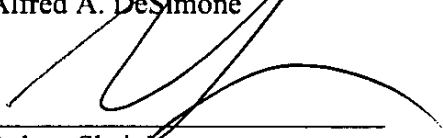
WHEREAS, the Board has determined that it is the best interest of the Corporation and its shareholders that the proposed Plan of Liquidation be approved by this Board;

WHEREUPON, upon Motion to duly made and seconded it is hereby resolved that the proposed Plan of Liquidation as noted above in the Resolution related thereto is hereby approved.

The undersigned, being all the Directors of the Corporation, authorize, by their signature, the foregoing resolution.

Executed on 13 July, 2006, at Weston, Florida.

  
\_\_\_\_\_  
Alfred A. DeSimone

  
\_\_\_\_\_  
Robert Sheinberg

RESOLUTION OF DISSOLUTION AND PLAN OF LIQUIDATION  
ORTHOPAEDIC & PODI ATRIC CONSULTANTS OF FLORIDA, INC.

WHEREAS, the Corporation's purpose and business operations in the State of Florida have concluded;

WHEREAS, it is the shareholders desire to wind-up and dissolve the corporation and its business affairs;

WHEREAS, all obligations and debts of the corporation have been resolved and/or satisfied, and if not, the shareholders have agreed to be responsible for said resolution from any distributions received from the Corporation;

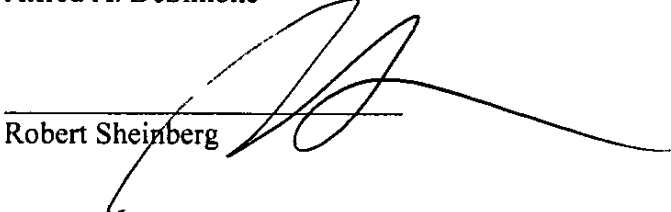
WHEREUPON; upon Motion duly made and seconded, the following resolution and plan of liquidation is adopted and approved as follows:

1. The corporation shall be dissolved effective upon filing with the Secretary of State.
2. All debts and obligations of the corporation have already been paid.
3. To the extent there may exist any undetermined or unforeseen debts, or obligations of the corporation, the shareholders signing below agree to share in the payment of said obligations equally, from any distributions received of corporate assets or if insurance coverage exists, to forward same for handling to carrier.
4. There is no need to notify any creditors of the company, since all obligations of which the corporation is aware have been satisfied, though Notice will be published for two (2) consecutive weeks in a newspaper pursuant to §607.1407, Fla.Stat.

Executed on July 13, 2006, at Weston, Florida.



Alfred A. DeSimone



Robert Sheinberg

## 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 §607.1407, F.S.

Name of Corporation: Orthopaedic & Podiatric Consultants of South Florida, Inc.

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

Description of information that must be included in a claim:

\_\_\_\_\_  
Name, address and phone number of claimant, copies of all documents evidencing, supporting,

\_\_\_\_\_  
Or substantiating the basis of claim and the amount claimed

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

**ORTHOPAEDIC & PODIATRIC CONSULTANTS OF SOUTH FLORIDA, INC.  
1600 TOWN CENTER BLVD., SUITE C  
WESTON, FL 33326  
ATTENTION: ROBERT SHEINBERG**

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice.

\_\_\_\_\_  
Robert Sheinberg, President  
Printed Name of Person Filing

\_\_\_\_\_  
Signature of the Person Filing

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