## P95000074962

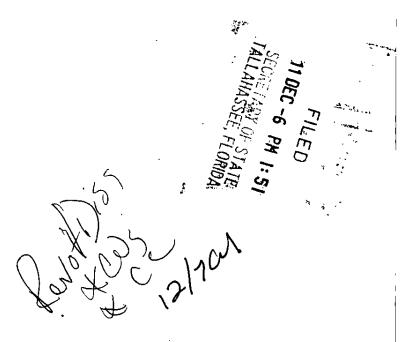
(Re	equestor's Name)	
	· · · · · · · · · · · · · · · · · · ·	
- (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne) .
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·	· · · · · · · · · · · · · · · · · · ·	





800214886998

12/06/11--01007--010 \*\*52.50



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: JOHN A- KING, MD, PA
DOCUMENT NUMBER: <u>P95000074962</u>
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOHN A. KING, M.D.  Name of Contact Person
Joseph A. KING, M.D., P.A.
1300 NE 10357
Address
MIAMI, FLORIDA 33138  City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Town 14- Kind, MU at (805) 926-2114  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{Status Filing Fee & Certified Copy (Additional copy is enclosed)} \text{Status Filing Fee & Certified Copy (Additional copy is enclosed)} \text{Certified Copy (Additional copy is enclosed)}
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST:	The name of the corporation is John A. Kina M.D. P. A.
	TAE T
SECOND:	The document number of the corporation (if known) is 1950000 749
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is
FOURTH:	The Revocation of Dissolution was authorized on
FIFTH:	Adoption of Revocation of Dissolution (check one)
	<ul> <li>☐ The board of directors revoked the dissolution.</li> <li>☐ The incorporators revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.</li> <li>☐ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.</li> <li>☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by was sufficient for approval.</li> </ul>
SIXTH:	A copy of the Articles of Dissolution is attached.
	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)  Tokk A, Kink, MD  (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIBENT
	(Title of person signing)

**FILING FEE \$35** 



## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST:

The name of the corporation as currently filed with the Florida Department of State:

JOHN A. KING, M.D., P.A.

SECOND:

The document number of the corporation: P95000074962

THIRD:

The file date of the articles of incorporation: September 28, 1995

FOURTH:

None of the corporation's shares have been issued.

FIFTH:

No debt of the corporation remains unpaid.

SIXTH:

The net assets of the corporation remaining after winding up have been distributed to

the shareholders, if shares were issued.

SEVENTH:

A majority of the incorporators authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: JOHN A. KING, MD

PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative