P95000097479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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diss with notice

04/06/12--01013--023 **35.00

FILED
2012 APR -6 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/10/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation : Robert W. Koss MD, PA

DOCUMENT NUMBER: P 95000097479

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

Please return all correspondence concerning this matter to the following:

Robert W. Koss MD
(Name of Contact Person)

(Firm/Company)

5202 Culasaja Circle
(Address)

Valrico, FL 33596
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert W. Koss MD at (813) 684 7663
(Name of Contact Person) (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

ARTICLES OF DISSOLUTION FILED

2012 APR -6 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Robert W. Koss MD, P.A.

SECOND: The document number of the corporation (if known): P 95000097479

THIRD: The date dissolution was authorized: 12-30-2011

Effective date of dissolution if applicable: 12-30-2011
(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

All Shareholders
(voting group)

Signature: Robert W. Koss MD
(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)

Robert W. Koss MD
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: $35

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: Robert W. Koss MD PA

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, Address, Phone Number
Explanation of the claim; verification; supporting documentation for the claim

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

Rr Koss
5202 Culasaja Circle
Valrico FL 33596

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.

Robert W. Koss MD
Printed Name of the Person Filing

Robert W. Koss MD
Signature of the Person Filing

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