

P9600000 4765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

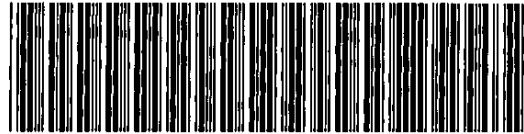
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400088041104

02/13/07--01015--016 \*\*35.00

FILED  
07 FEB 13 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Please Reply to:  
St. Petersburg, FL  
lammons@trenam.com

February 9, 2007

**VIA REGULAR MAIL**

Registration Section  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Articles of Dissolution – Florida Pediatric Neurosurgery, Inc.

Dear Sir or Madam:

I am enclosing the Articles of Dissolution for Florida Pediatric Neurosurgery, Inc. for filing with the Secretary of State. Please file upon receipt. Also enclosed is Check No. 416 for \$35.00, which amount represents the filing fee.

If you have any questions, please call me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lori L. Ammons', with a stylized flourish at the end.

Lori L. Ammons  
Legal Assistant

cc: Carolyn Carey, M.D. (w/enclosure)  
Robert Dobbs (w/enclosure)

Enclosures (3)

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

**FILED**  
07 FEB 13 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FLORIDA PEDIATRIC NEUROSURGERY, INC.**

**SECOND:** The document number of the corporation (if known): **P96000004765**

**THIRD:** The date dissolution was authorized: **January 23, 2007**

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

\_\_\_\_\_  
(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)

**Carolyn M. Carey, M.D.**

(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: **FLORIDA PEDIATRIC NEUROSURGERY, INC.**

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:

**See, attached "Notice Requirements."**

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

**880 SIXTH STREET SOUTH**

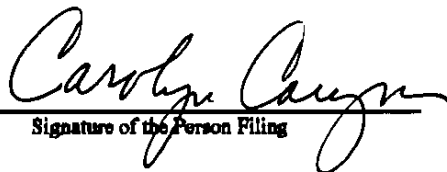
**SUITE 450**

**ST. PETERSBURG FL 33701**

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.

**Carolyn M. Carey, M.D.**

Printed Name of the Person Filing



Signature of the Person Filing

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