P96000030989

(Re	questor's Name)	1
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



500088421505

02/16/07--01018--003 **35.00





COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Southeast Regional Concer Center-Tallahas
DOCUMENT NUMBER: P9600030989
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eric C. Ros + (Name of Contact Person)
(Firm/Company)
3491-11 suite 401, Thomas ville Rd (Address)
Tallahassee, Fl 30309 (City/State and Zip Code)
For further information concerning this matter, please call:
Eric Rost at (850) 339-593 a (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 (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

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:		
	Southeast Regional Cancer Center Tallahassee, To		
SECOND:	The document number of the corporation (if known): P9 6000 30 9 8 9		
THIRD:	The date dissolution was authorized: 10/2/200 6		
	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		
	Southeast Regional Cancer Genter Tallahassee Inc.		
	Signature: (By a director, president or other officer - if directors or officers have not been selected.		
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary		
	(Typed or printed name of person signing)		
	President		

Filing Fee: \$35