

P96000052131

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T. Roberts JUL 22 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of a Corporation

DOCUMENT NUMBER: P96000052131

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

Please return all correspondence concerning this matter to the following:

Jon A. Kotler, M.D.

(Name of Contact Person)

Florida Metabolic Imaging, Inc.

(Firm/Company)

P.O. Box 11697

(Address)

Ft. Lauderdale, FL 33339

(City/State and Zip Code)

For further information concerning this matter, please call:

Anita Paoli, Esq.

(Name of Contact Person)

at (954) 924-8441

(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

THE LAW OFFICES OF A. PAOLI, P.A.

1720 HARRISON STREET, SUITE 8B
HOLLYWOOD, FLORIDA 33020
TELEPHONE: (954) 925-8441
TELEFAX: (954) 920-6356

ANITA PAOLI

EMAIL: apaolilaw@comcast.net
HTTP://WWW.APAOLI.COM

July 16, 2008

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Florida Metabolic Imaging, Inc.
Corp. Doc. No.: P96000052131

Dear Sir or Madam,

Please be advised that THE LAW OFFICES OF A. PAOLI, P.A. represent the above reference corporation. Enclosed please find the Articles of Dissolution for said corporation and a check in the amount of \$43.75 for a certified copy.

Please do not hesitate to contact me if you have any questions or need any further information.

Sincerely,

THE LAW OFFICES OF A. PAOLI, P.A.

Anita Paoli, Esq.
For the Firm

AP/ha

ARTICLES OF DISSOLUTION OF

I, JON KOTLER, M.D., President of FLORIDA METABOLIC IMAGING, INC., a

1. The name and address of the corporation are as follows:

FLORIDA METABOLIC IMAGING, INC.
P.O. Box 11697
Ft. Lauderdale, FL 33339-1697

2. By Joint Written Consent of the Stockholders and Directors of said corporation, dated 1st day of April, 2008, dissolution of the corporation was unanimously approved by the stockholders.

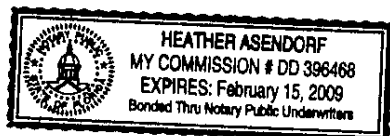
3. The dissolution of the corporation shall be effective as of /08.

IN WITNESS WHEREOF, we have hereunto set our signatures and seal in our respective capacities this 1st day of April, 2008.

JON KOTLER, M.D., President

[illegible]

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED before me this 18th day of April, 2008, by JON KOTLER, M.D., as President of FLORIDA METABOLIC IMAGING, INC., a Florida corporation, on behalf of the corporation, to me personally known ☒ or produced as identification ☐



Name: _____
Notary Public
My Commission Expires: _____
Commission No.: _____