

Joley + Lardner
Requester's Name

Patricia Tassanari
Address

222-6100
City/State/Zip Phone

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00 JUL -6 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. *Central Florida Eye Professionals, P.A.*
(Corporation Name) (Document #) *P96000052981*

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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*****43.75 *****43.75

☐ Walk in

☒ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

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☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☒ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials

ASR
7/7/00

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JUL -6 AM 10:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF DISSOLUTION
CENTRAL FLORIDA EYE PROFESSIONALS, P.A.

PURSUANT TO Section 607.1403 of the Florida Statutes, the undersigned corporation adopts these Articles of Dissolution.

ARTICLE I

NAME

The name of the corporation is CENTRAL FLORIDA EYE PROFESSIONALS, P.A.

ARTICLE II

ELECTION TO DISSOLVE


The Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. on June 29, 2000.

ARTICLE III

EFFECTIVE DATE

The effective date of these Articles of Dissolution shall be the date of filing of the Articles with the Department of State.

IN WITNESS WHEREOF, these Articles of Dissolution have been signed by the undersigned this 29th day of June, 2000.



Ronald Case, M.D., President

STATE OF FLORIDA

COUNTY OF Polk

The foregoing instrument was acknowledged before me this 29th day of June, 2000, by _____. Such person did not take an oath and: *(notary must check applicable box)*

- ☒ is/are personally known to me.
- ☐ produced a current Florida driver's license as identification
- ☐ produced _____ as identification.

{Notary Seal must be affixed}



Barbara C. Hollwedel
My Commission CC864578
Expires November 17, 2003

Barbara C. Hollwedel
Signature of Notary

Barbara C. Hollwedel

Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal): _____

My Commission Expires (if not legible on seal): _____