

P96000055436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

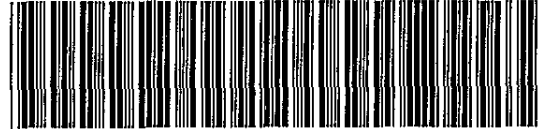
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400039193504

07/20/04--01044--002 \*\*43.75

FILED  
04 JUL 20 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CC  
VOID IS  
CRB  
7/27

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Urology PA Dissolution

**DOCUMENT NUMBER:** P96000055436

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

Please return all correspondence concerning this matter to the following:

Angela DiCrescenzo  
(Name of Person)

QTA Associates Inc.  
(Name of Firm/Company)

3170 N. Federal Highway #103C  
(Address)

Lighthouse Point FL 33064  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Angela DiCrescenzo at (904) 782-4560  
(Name of 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, Florida 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

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

FILED  
04 JUL 20 AM 8:31  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Urology P.A.

SECOND: The document number of the corporation (if known): P96000055436

THIRD: The date dissolution was authorized: 6/1/2004

Effective date of dissolution if applicable: 6/1/2004  
(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 of 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)

Signed this 13th day of July, 2004.

Signature: (X) [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)

VICTOR SOUARD  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

**Filing Fee: \$35**