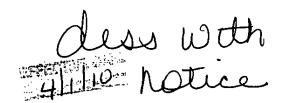
P96000071089

•		
(Re	questor's Name)	
(Ad	dress)	
hA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



800170838438



03/31/10--01020--014 **43.75

TALLAHASSEE, FLOAID

ROR 4/1/10

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION	
DOCUMENT NUMBER: P96000071089	
The enclosed Articles of Dissolution and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
SANTIAGO W. CALDERON	
(Name of Contact Per	rson)
SANTA ROSA DE LIMA MEDICAL, P.A	
(Firm/Company	()
4916 SAN MARINO CIR	
(Address)	
LAKE MARY, FL 32746	
(City/State and Zip	Code)
For further information concerning this matter, please	call:
au (386) 801-1191
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$43.75 Certificate of Status Certified (Addition enclose)	d Copy Certificate of Status & Certified Copy
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



ARTICLES OF DISSOLUTION

Sinits the following articles Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation sub of dissolution: The name of the corporation as currently filed with the Florida Department of FIRST: SANTA ROSA DE LIMA MEDICAL, P.A. The document number of the corporation (if known): P96000071089 SECOND: The date dissolution was authorized: 01/04/2010 THIRD: Effective date of dissolution if applicable: 04/01/2010 (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) SANTIAGO W. CALDERON (Typed or printed name of person signing) PRESIDENT

Filing Fee: \$35

(Title of person signing)

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: SANTA ROSA DE LIMA MEDICAL, P.A. 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: NO LONGER IN BUSINESS. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) SANTIAGO W. CALDERON C/O SANTA ROSA DE LIMA MEDICAL 4916 SAN MARINO CIR LAKE MARY, FL 32746 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. antiegs W. Caldem SANTIAGO W. CALDERON

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

Printed Name of the Person Filing