

P96000101368

JAN. 21. 2009 2:53PM
Division of Corporations

TRENAM, KEMKER

NO. 9176 P. 9
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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : TRENAM KEMKER ST. PETE
Account Number : I20060000029
Phone : (727) 896-7171
Fax Number : (727) 820-0835

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 21 AM 10:36

DISSOLUTION OR WITHDRAWAL

WEST FLORIDA REGIONAL IMAGING, P.A.

RECEIVED
2009 JAN 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRENAM, KEMKER

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NO. 9176 P. 2
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 21 AM 10 36

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:
West Florida Regional Imaging, P.A.

SECOND: The document number of the corporation (if known): P96000101368

THIRD: The date dissolution was authorized: November 11, 2008

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

(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)

Allan E. Katz, MD

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

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TRENAM, KEMKER

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SEC. 607.1407, F.S.
DIVISION OF CORPORATIONS

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: West Florida Regional Imaging, 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:

See, attached Notice Requirements.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

6449 - 38th Avenue North

Suite C-4

St. Petersburg, Florida 33710

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.

Allan E. Katz, MD

Printed Name of the Person Filing


Signature of the Person Filing

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

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NOTICE REQUIREMENTS

1. Provide the name, mailing address, and telephone number of the claimant and the claimant's account number, if any.
2. Provide the legal theory upon which claimant seeks recovery, e.g., breach of contract, tort, etc.
3. State all relevant facts that support the claim.
4. If the claim involves personal injury or property damage:
 - (a) State the exact date of the incident that you believe caused the damage or injury. If the incident took place over more than one date, provide both the beginning and ending dates. If the incident is ongoing, provide the beginning date and the most recent date it occurred.
 - (b) Describe the specific damage or injury that you believe resulted from the incident.
 - (c) Explain the circumstances that led to the damage or injury.
 - (d) Provide the total dollar amount being claimed. If claimant believes the damages are continuing, or anticipated in the future, provide the basis for such belief.
 - (e) Explain why claimant believes the corporation is responsible for the damage or injury.
5. Provide true and complete copies of all relevant documents that form the basis of such claim, and if not available, provide an explanation. If the claim involves goods sold, services performed, money loaned or other commercial transaction, provide true and complete copies of any promissory note, purchase order, invoice, itemized statements of running accounts, court judgments, mortgages, security agreements, evidence of lien perfection, and other documents and instruments forming the basis of such claim.
6. Specify whether or not the claimant has made a claim against anyone else in connection with any matter related to the incident giving rise to this claim, and provide the names and addresses of all persons and insurance companies against whom claimant has made such claims.
7. Specify whether any of the claimed damages, losses, expenses or other amounts claims are covered by any policy of insurance? For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.
8. State whether or not claimant received or agreed to receive any money from anyone for the damages claimed in the claimant's notice? If so provide complete details.

Notice Requirements.doc-2894784v1

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