

P97000000 9967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

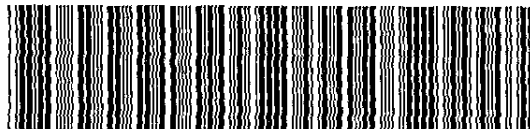
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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01/31/06--01002--003 \*\*43.75

FILED  
06 JAN 30 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
06 JAN 30 PM 2:58  
DIVISION OF CORPORATIONS

*AKB*  
*1/30/06*

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

South Florida Microsurgery  
Associates, P.A.

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

Art of Inc. File \_\_\_\_\_

LTD Partnership File \_\_\_\_\_

Foreign Corp. File \_\_\_\_\_

L.C. File \_\_\_\_\_

Fictitious Name File \_\_\_\_\_

Trade/Service Mark \_\_\_\_\_

Merger File \_\_\_\_\_

Art. of Amend. File \_\_\_\_\_

RA Resignation \_\_\_\_\_

☒ Dissolution / Withdrawal \_\_\_\_\_

Annual Report / Reinstatement \_\_\_\_\_

☒ Cert. Copy \_\_\_\_\_

Photo Copy \_\_\_\_\_

Certificate of Good Standing \_\_\_\_\_

Certificate of Status \_\_\_\_\_

Certificate of Fictitious Name \_\_\_\_\_

Corp Record Search \_\_\_\_\_

Officer Search \_\_\_\_\_

Fictitious Search \_\_\_\_\_

Fictitious Owner Search \_\_\_\_\_

Vehicle Search \_\_\_\_\_

Driving Record \_\_\_\_\_

UCC 1 or 3 File \_\_\_\_\_

UCC 11 Search \_\_\_\_\_

UCC 11 Retrieval \_\_\_\_\_

Courier \_\_\_\_\_

ARTICLES OF DISSOLUTION OF  
SOUTH FLORIDA MICROSURGERY ASSOCIATES, P.A.

The undersigned, for the purpose of dissolving a professional service corporation under and pursuant to sections 607.1402 and 621.13, Florida Statutes, hereby adopts the following Articles of dissolution:

ARTICLE ONE

The name of this corporation is SOUTH FLORIDA MICROSURGERY ASSOCIATES, P.A.

ARTICLE TWO

The date the dissolution was authorized by the Board of Directors was as of December 31, 2005 and the date the question of dissolution of the corporation was submitted to the shareholders for their vote in accordance with the procedures prescribed by § 607.1402, Florida Statutes was as of December 31, 2005.

The date the dissolution was voted upon and authorized by the shareholders was as of December 31, 2005.

ARTICLE THREE

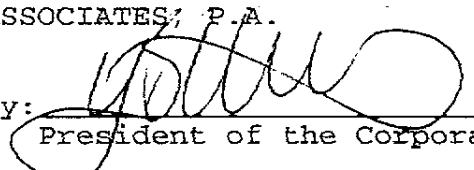
The number of shares cast on the question of dissolution was sufficient for approval, and the number of shares voting in favor of dissolution was sufficient for dissolution.

ARTICLE FOUR

These articles of dissolution shall take effect as of December 31, 2005, which is the date as of which their approval was voted on by a majority of the shares of stock of the corporation issued and outstanding.

IN WITNESS WHEREOF, the undersigned president of the Corporation has hereunto set his hand this 25<sup>th</sup> day of January, 2006 in accordance with the written direction to do so of the board of directors of the Corporation and the registered owners of a majority of the shares of stock of the corporation issued and outstanding.

SOUTH FLORIDA MICROSURGERY  
ASSOCIATES, P.A.

By:   
President of the Corporation

### 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 sections 607.1407, 621.13 and 95.11(4)(b), Florida Statutes.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: SOUTH FLORIDA MICROSURGERY ASSOCIATES, 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:

Name, current address, telephone number and contact person of the claimant; an invoice or document evidencing the basis for the claim; the amount of the claim; a description of the nature of and basis for the claim; and claimant's certification under oath or declaration under penalty of perjury that the claim is valid, was tendered or submitted to the corporation prior to its dissolution and is unpaid. If the claim is for alleged medical malpractice, the claimant must follow the pre-suit notice and other requirements for the filing of such claims under chapter 766, Florida Statutes

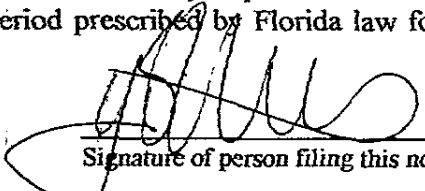
Mailing address where claims can be sent: (claims cannot be sent to the Division of Corporations)

South Florida Microsurgery Associates, P.A.  
1150 N. 35<sup>th</sup> Avenue, Suite 550  
Hollywood, Florida 33081

A claim against the above named corporation for medical negligence or malpractice will be barred unless a proceeding to enforce the claim is commenced within the 2 year period prescribed by section 95.11(4)(b), Florida Statutes and all pre-suit notice requirements of chapter 766, Florida Statutes have been satisfied. All other claims 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 with the Florida Division of Corporations

This notice is neither intended nor to be construed as a waiver of any requirements of chapter 766, Florida Statutes or an extension of any limitations period prescribed by Florida law for claims of medical negligence or professional malpractice

Yoon Samadon  
printed name of person filing this notice

  
Signature of person filing this notice

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