

P97000012884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

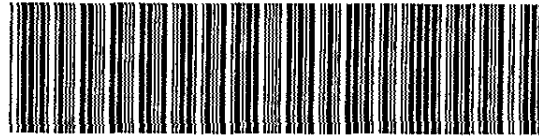
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/23/04--01080--003 **35.00

FILED
04 FEB 23 AM 9:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

2/23/04 DIS

Victor Suarez, M.D., P.A.

8390 W. Flagler St. #221
Miami, FL 33144

February 4, 2004

Division of Corporations, Florida
P.O. Box 6327.
Tallahassee, FL 32314

Corp. # P97000012884

Dear Sirs:

The above corporation stopped doing business on 6-30-03. There was no business activity in the third and fourth quarter.

I respectfully request that this corporation be dissolved.

Thank you for your attention.

Truly yours,

A handwritten signature in black ink, appearing to read "Victor Suarez", with a stylized flourish at the end.

Victor Suarez, M.D.

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 Department of State:

VICTOR N. SUAREZ, M.D., P.A.

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

797000012884

THIRD: The date dissolution was authorized:

2-4-04

Effective date of dissolution if applicable:

2-4-04

(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

SHAREHOLDERS

(voting group)

Signed this 20TH day of FEBRUARY, 2004.

Signature:

[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 SUAREZ, M.D.

(Typed or printed name of person signing)

PRES.

(Title of person signing)

Filing Fee: \$35