

P97000023058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

(Document Number)

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100241510771

11/19/12--01005--028 \*\*35.00

EFFECTIVE DATE

12-15-12

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV 19 PM 12:57

*Diss. w/ Notice*

NOV 27 2012

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SYDNEY D. SUITE + NICHOLAS D.A. SUITE MD PA

**DOCUMENT NUMBER:** P97000023058

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

Please return all correspondence concerning this matter to the following:

ARTHUR L. SUITE

(Name of Contact Person)

SYDNEY D. SUITE + NICHOLAS D.A. SUITE MD PA

(Firm/Company)

1400 SW 131 WAY BLDG Q APT 405

(Address)

PEMBROKE PINES FL 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

ARTHUR L. SUITE

(Name of Contact Person)

at (954) 437 9181

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|---|

**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

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:

SYDNEY O. SUITE, M.D. + NICHOLAS DA. SUITE, M.D., P.A.

SECOND: The document number of the corporation (if known): P97000023058

THIRD: The date dissolution was authorized: 11-13-2012

Effective date of dissolution if applicable: 12-15-2012  
(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.

EFFECTIVE DATE  
12-15-12

*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)

SYDNEY O. SUITE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## 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: <sup>M.D.</sup> SYDNEY O. SUITE / + NICHOLAS D.A. SUITE, M.D., 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:

*(This section is crossed out with a diagonal line.)*

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

NO CLAIMS  
2525 EMBASSY DRIVE SUITE #7  
COOPER CITY FL 33026

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.

SYDNEY O. SUITE

Printed Name of the Person Filing

*Sydney O. Suite*

Signature of the Person Filing

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