

P97000037716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

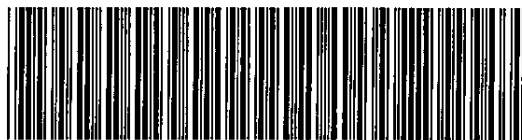
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 JAN 29 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Rev. of Diss.

02-05-07

DC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

NAME OF CORPORATION: PALM BEACH GASTROENTEROLOGY CONSULTANTS, INC

DOCUMENT NUMBER: P97000037716

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

Please return all correspondence concerning this matter to the following:

TONY POLLAK

(Name of Contact Person)

PALM BEACH GASTROENTEROLOGY CONSULTANTS, INC

(Firm/Company)

1157 SOUTH S.R. #7

(Address)

WELLINGTON, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

TONY POLLAK

(Name of Contact Person)

at ( 561 ) 795-3330

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is 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 REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is PALM BEACH GASTROENTEROLOGY  
CONSULTANTS, INC.

SECOND: The document number of the corporation (if known) is P97000037716

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 1-12-2007

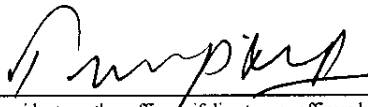
FOURTH: The Revocation of Dissolution was authorized on 1-15-2007

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors revoked the dissolution.
- ☐ The incorporators revoked the dissolution.
- ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☒ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
- ☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by \_\_\_\_\_ was sufficient for approval.  
(voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

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)

KRISHNA TRIPURANENI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILING FEE \$35

## 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:

PALM BEACH GASTROENTEROLOGY CONSULTANTS, INC.

SECOND: The document number of the corporation (if known): P970000 37716

THIRD: The date dissolution was authorized: January 5, 2007

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)

TRIPURANENI KRISHNA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 JAN 12 AM 9:27

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