

P97000039867

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR -5 PM 12:20

diss
C.COULLIETTE

MAR 05 2010

EXAMINER

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: M. Cheshire, MD, P.A.

DOCUMENT NUMBER: P 970000 39867

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

Please return all correspondence concerning this matter to the following:

M. Cheshire

Name of Contact Person

Firm/Company

914 N. Olive Ave

Address

W. P.B. FL 33401

City/State and Zip Code

brennch@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brennan Chesire

Name of Contact Person

at (561) 6554111

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2010

M. CHESHIRE
914 N. OLIVE AVE
WEST PALM BEACH, FL 33401

SUBJECT: M. CHESHIRE, M.D., P.A.
Ref. Number: P97000039867

We have received your document for M. CHESHIRE, M.D., P.A. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution. *yes.*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 010A00004793

RECEIVED
2010 MAR -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Voluntarily Dissolve This Corp

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Brennan Chesher
(Name of Contact Person)

M. Chesher, M.D.P.A.
(Firm/Company)

914 N. Olive Ave.
(Address)

WFB, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

B. Chesher at (561) 655-4111
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: —already Pd.

- ☐ \$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 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:

M. Cheshire MDPA

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

THIRD: The date dissolution was authorized: 12-31-09

Effective date of dissolution if applicable: 12-31-09
(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

All

(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)

M. Brennan Cheshire

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

Filing Fee: \$35

Pd -

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR -5 PM 12:20