Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000281536 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

## **DISSOLUTION OR WITHDRAWAL**

TAMPA BAY DIVISION PRACTICE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Men

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

12/30/2008

## 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:		
	Tamps Bay Division Practice, Inc.		
SECOND:	The document number of the corporation (if known): P970000 4930		
THIRD:	The date dissolution was authorized: December 15, 2008		
	Effective date of dissolution if applicable: upon filing (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		
	190 <b>190</b>		
	(votling group)  AHASSI		
:	Signature:  (By a director, president or other officer - in timestors 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)		
	Dors A. Blackwood		
	(Typed or printed name of person signing)		
	Vice President and Secretary		
	(Fille of person signing)		

Filing Fee: \$35