

P97000053346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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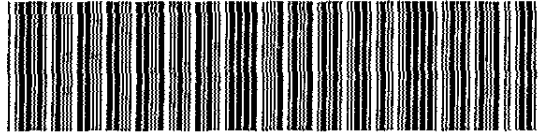
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF FLORIDA FOR PROFIT CORP

DOCUMENT NUMBER: P97000053346

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

Please return all correspondence concerning this matter to the following:

STANLEY P. KOKOCKI MD
(Name of Person)

(Name of Firm/Company)

PO BOX 15063
(Address)

BROOKSVILLE FL 34604
(City/State/and Zip Code)

For further information concerning this matter, please call:

JOANNE PALMIERI at (352) 222-2222 (UNLISTED #. PLEASE DO NOT PUBLISH)
(Name of Person) (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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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:
CITRUS SURGICAL ASSOCIATES, P.A.

SECOND: The document number of the corporation (if known): P 97000053346

THIRD: The date dissolution was authorized: NOV 14th 2003

Effective date of dissolution if applicable: DECEMBER 31ST 2003
(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. APPROVED BY SOLE OFFICER STANLEY P. KOKOCKI, MD
- ☐ 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

STANLEY P. KOKOCKI MD
(voting group)

Signed this 14th day of NOVEMBER, 2003.

Signature:

Stanley P. Kokocki MD
(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.)

STANLEY P. KOKOCKI MD
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

STANLEY
P. KOKOCKI, MD
IS THE
ONLY OFFICER
OF THE CORP.

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TALLAHASSEE, FL 32304