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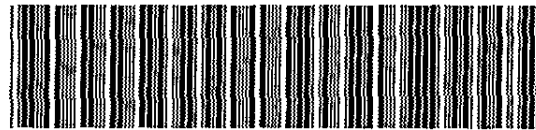
(Business Entity Name)

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FILED
03 MAY 12 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FL 32310

5/16

C. Dwight Groves, M.D.

109 Harbor Watch Drive
Chesapeake, Virginia 23320

April 30, 2003

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida, 32314

Dear Sir or Madam:

Enclosed please find Articles of Dissolution for C. Dwight Groves, M.D., P.A., FEI# 59-3459541 and check #4459 for \$43.75 to cover the filing fee and one certified copy of the dissolution. Please mail the certified copy to:

C. Dwight Groves, M.D.
109 Harbor Watch Drive
Chesapeake, Virginia 23320
757-436-9665

Sincerely,



C. Dwight Groves, M.D.

FEI # 59-3454541

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
03 MAY 12 PM 1:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FIRST: The name of the corporation is: _____

C. DWIGHT GROVES, M.D., P.A.

SECOND: The date dissolution was authorized: _____

THIRD: 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 vote 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

(voting group)

Signed this FIRST day of APRIL, 2003.

Signature _____

[Signature] 4/30/03
(By the Chairman or Vice Chairman of the Board, President, or other officer)

C. DWIGHT GROVES, M.D.
(Typed or printed name)

President
(Title)