## 179700082637

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900038341589

07/01/04--01009--001 \*\*35.00



B7/15/04

## TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations	-	
SUBJECT: Thambyratnam Thiruchelvam	M.D., P.A,	
DOCUMENT NUMBER: P97000082637	7	
The enclosed Articles of Dissolution and f	fee are submitted for f	ĭling.
Please return all correspondence concernin	g this matter to the fo	llowing:
Thambyratnam Thiruchelvam		
(Name of	Person)	
(Name of	Firm/Company)	
3 Double Branch Way		
	(Address)	
Ormond Beach, FL 32174 (City/S	State/and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this ma	- ,	-
Thambyratnam Thiruchelvam	at ( 386)	673-9190
(Name of Person)		Daytime Telephone Number)
Enclosed is a check for the following amou	ınt:	
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee Florida 32314		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
	Thambyratnam Thiruchelvam M.D., P.A,
SECOND:	The document number of the corporation (if known): P97000082637
THIRD:	The date dissolution was authorized: February 1, 2004
	Effective date of dissolution if applicable: February 1, 2004 (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
	(voting group)
	Signed this Ob day of 26.
Signat	
	(By a director, president or other officer - if directors or officers have not been selected, by an i neorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Thambyratnam Thiruchelvam
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35