

P9700084858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

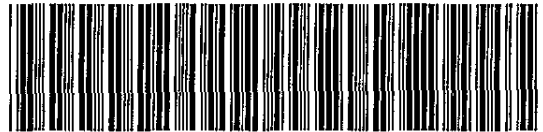
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Stam Stalikis GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT corporate  
DATE \_\_\_\_\_  
DOC. EXAM \_\_\_\_\_



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04/19/04--01059--022 \*\*43.75

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04 APR 19 AM 8:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Ps 4/27/04  
Diss

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WEST FLORIDA PAIN TREATMENT CENTER P.A. DISSOLUTION

**DOCUMENT NUMBER:** P97000084858

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

Please return all correspondence concerning this matter to the following:

MICHELLE BROWN

(Name of Person)

WEST FLORIDA PAIN TREATMENT CENTER, P.A.

(Name of Firm/Company)

809 36TH AVENUE PLACE NW

(Address)

HICKORY, NC. 28601

(City/State/and Zip Code)

For further information concerning this matter, please call:

STAM STATHIS

(Name of Person)

at ( 941 ) 747-4483

(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:

BROWN & PAIGE, M.D.S, P.A.

SECOND: The document number of the corporation (if known): P97000084858

THIRD: The date dissolution was authorized: 12/31/2003

Effective date of dissolution if applicable: \_\_\_\_\_

(no more than 90 days after dissolution (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 \_\_\_\_\_ day of \_\_\_\_\_.

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)

MICHELLE BROWN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED  
04 APR 19 AM 8:48  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: BROWN & PAIGE, M.D.S, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

PRACTICE CLOSED ON DECEMBER 31, 2003.

INFORMATION THAT MUST BE INCLUDED WITH A CLAIM IS THE DATE OF THE CLAIM,  
AMOUNT OF THE CLAIM, REASON FOR THE CLAIM, PARTY TO THE CLAIM, AND FULL  
DESCRIPTION OF WHAT LED TO THE CLAIM.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

MICHELLE BROWN

809 39TH AVENUE PL NW

HICKORY, NC 28601

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MICHELLE BROWN

Printed Name of the Person Filing

Michelle Brown

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00