Division of Corporations 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.

(((H11000285473 3)))



H110002854733ABC+

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

: JAMES F. GULECAS, P.A.

Account Number : I20010000172

Phone

: (727)736-5300

Fax Number

: (727) 734-6774

DISSOLUTION OR WITHDRAWAL PREMIER PRIMARY CARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

10-31-11.

ARTICLES OF DISSOLUTION

FAX AUDIT NUMBER HI 1000285473 3

	Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation anomals the following arti-			
	SECRETARY OF STATE TALLAHASSEE.FLORID!			
FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
	Premier Primary Care, Inc.			
SECOND:	The document number of the corporation (if known): P97000085611			
THIRD:	The date dissolution was authorized: 11/29/2011			
	Effective date of dissolution if applicable: 12/31/2011 (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 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)
	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)			
	Lalit K. Gupta, M.D.			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

Filing Fee: \$35