

P97000091546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

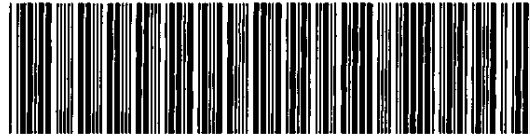
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

diss.

C. Coultate SEP 11 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVANCED MEDICAL DIETITIAN, INC

DOCUMENT NUMBER: P 970000 91546

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

Please return all correspondence concerning this matter to the following:

HOWARD ROSENBERG

(Name of Contact Person)

(Firm/Company)

4224 SW COULT CREEK DRIVE

(Address)

TOPEKA, KS 66610

(City/State and Zip Code)

For further information concerning this matter, please call:

HOWARD ROSENBERG

(Name of Contact Person)

at (785) 266-1455

(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, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



**ADVANCED
MEDICAL DIRECTION, INC.**

Post Office Box 10354 • Daytona Beach, FL 32120-0354 • Phone/Fax 386/767-6411 • email: amdems@aol.com

September 1, 2006

Amendment Section
Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, Florida 32314

To Whom it May Concern:

I write today to formally request a dissolution for Advanced Medical Direction, Inc., FL Corporation # P97000091546, Federal Tax ID # 59-3473104, UT Account # 2245267-3. The reason for this dissolution is a move of the President of the Corporation (myself) to another state, and a desire to consolidate all the "business paperwork," including incorporation and licensing documents, within one state system. I have enclosed a check for the dissolution process in the amount of \$35.00. I was able to locate the appropriate form "on-line" and have enclosed it with this letter.

I appreciate the support that your department has provided to me with questions about the incorporation process over the past several years. I look forward to one day returning to Florida and resuming my professional pursuits in the state.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Rodenberg", is written over the word "Sincerely,". The signature is stylized with large, sweeping loops.

Howard Rodenberg, MD MPH
President and Principal Consultant
Advanced Medical Direction, Inc.
4224 SW Colly Creek Drive
Topeka, Kansas 66610-1170
(785) 266-1455

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 Florida Department of State:

ADVANCED MEDICAL DIRECTION, INC.

SECOND: The document number of the corporation (if known): 897 000091546

THIRD: The date dissolution was authorized: SEPTEMBER 1, 2006

Effective date of dissolution if applicable: SEPTEMBER 4, 2006
(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)

HOWARD ROSENBERG MD MRH

(Typed or printed name of person signing)

PRESIDENT, ADVANCED MEDICAL DIRECTION

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35