P98000000090

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name))
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Voluntary Dissolution: Elliot S. Cohow, MD, Inc.
DOCUMENT NUMBER: P980000040
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Elliot S. Cohew, MD, Inc. (Firm/Company)
(Address) Boca Ratow Florida 33431 (City/State and Zin Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Elliot S. Cohen at (561) 955-8866 (Name of Contact Person) at (561) 955-8866 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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:
	Elliot S. Cohen MD Inc.
SECOND:	The document number of the corporation (if known): P98000000 40
THIRD:	The date dissolution was authorized: February 12, 2016
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.
	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
	The number of votes cast for dissolution was sufficient for approval by
	Directors of Elliot S. Cohew, MD, Inc
	Signature: Delia S. Color
	(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)
	Elliot S. Cohew (Typed or printed name of person signing)
	Vice President (Title of person signing)