

P98000035252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

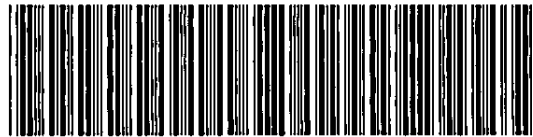
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 MAY -3 AM 8:52

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2007 MAY -3 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 5/3/07



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 879883 7363511

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : May 2, 2007

ORDER TIME : 4:07 PM

ORDER NO. : 879883-005

CUSTOMER NO: 7363511

DOMESTIC FILINGS

NAME: PHYSICIANS PROTECTOR PLAN
RPG, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - EXT# 2930

EXAMINER'S INITIALS: _____

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, Tallahassee, Florida
Physicians Protector Plan RPG, Inc.

SECOND: The document number of the corporation (if known): P98000035252

THIRD: The date dissolution was authorized: April 18, 2007

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

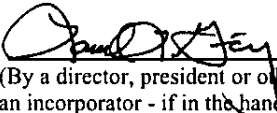
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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)

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)

Laurel L. Grammig

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35