

P980000169144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

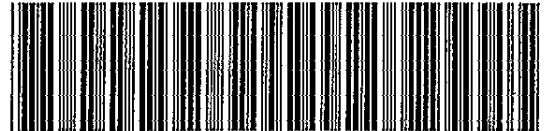
(Business Entity Name)

(Document Number)

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03 MAR 12 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/12/03--01054--004 **35.00

3/14/03

DISS

sf

February 14, 2003

TO: Amendment Section
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

FROM: JOEL L. ROSKIND, M.D., P.A.
CHARTER # P98000069144

REF: REQUEST FOR FORMAL DISSOLUTION

The purpose of this memo is to request A FORMAL DISSOLUTION per Sec 607-1403, Florida Statutes.

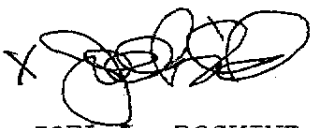
Our telephone number is (305)670-1003

Our return address is:

7400 NORTH KENDALL DRIVE, SUITE 404
MIAMI, FL 33156

Enclosed, please find check in the amount of \$35.00 in payment of your fee.

Respectfully submitted,



JOEL L. ROSKIND, PRES.
JOEL L. ROSKIND, M.D., P.A.

RECEIVED
03 FEB 20 AM 10:45
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

February 21, 2003

Joel L. Roskind, Pres.
Joel L. Roskind, M.D., P.A.
7400 North Kendall Drive, Suite 404
Miami, FL 33156

SUBJECT: JOEL L. ROSKIND, M.D., P.A.
Ref. Number: P98000069144

Please complete the appropriate articles of dissolution form and return it with your filing fee of \$35.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 403A00011541

ARTICLES OF DISSOLUTION

FILED

03 MAR 12 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

Joel L. Roskind M.D., P.A.

FIRST: The name of the corporation is:

Joel L. Roskind, M.D., P.A.

SECOND: The date dissolution was authorized:

3 / 15 / 03

THIRD: 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 vote 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 09 day of March, 2003

Signature _____

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Joel L. Roskind M.D., P.A.

(Typed or printed name)

President

(Title)