

T. CARTER



lammons@trenam.com
reply to: St. Petersburg
727-824-6205 direct

January 27, 2014

VIA REGULAR MAIL

Registration Section
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Dissolution of Care Plus Walk-In Clinics, P.A.

Dear Sir or Madam:

I am enclosing the Articles of Incorporation of Dissolution of Care Plus Walk-In Clinics, P.A. for filing with the Secretary of State. Also enclosed is Check No.1284 for \$43.75, which amount represents the filing fee and certificate of status.

Please send the certificate of status to our St. Petersburg office. If you have any questions, please call me. Thanks.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lori L. Ammons', written in a cursive style.

Lori L. Ammons
Paralegal

Enclosures (2)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Care Plus Walk-In Clinics, P.A.

DOCUMENT NUMBER: P98000100508

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

Please return all correspondence concerning this matter to the following:

Michael A. Igel

(Name of Contact Person)

Trenam Kemker

(Firm/Company)

200 Central Avenue, Suite 1600

(Address)

St. Petersburg, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael A. Igel

(Name of Contact Person)

at (727) 820-3963

(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

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:

Care Plus Walk-In Clinics, P.A.

SECOND: The document number of the corporation (if known): P98000100508

THIRD: The date dissolution was authorized: December 10, 2013

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 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)

Ravneet K. Sandhu

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JAN 29 AM 11:31