

P98000103549

Requester's Name

JENNIFER B GAVRAS
987 S. ARCADE, W. 17.
N. Palm Bch, FL 33410

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

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(Corporation Name) (Document #) 600003518536--6
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(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
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NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

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TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: Jonathan B. Gavras, MD, PA

FEIN. 65-0881951

SECOND: The date dissolution was authorized: December 28, 2000

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 28 day of December, ~~19~~ 2000

Signature

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

Jonathan B. Gavras

(Typed or printed name)

President

(Title)

PLEASE NOTE CHANGE OF ADDRESS: 987 Sanctuary Cove Drive
North Palm Beach, FL 33410