

P99000041634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

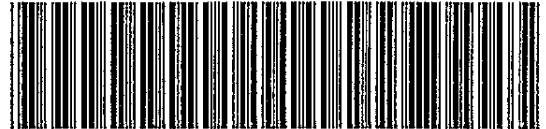
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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EX 10

James J. Byrnes, MD

245 S. Country Club Blvd.
Boca Raton, FL 33487-2326
Tel.: 561-241-2848

Div. Of Corporations
Florida Dept. of State
PO Box 6327
Tallahassee, FL 32314

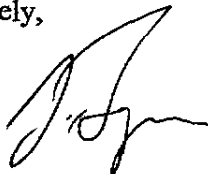
Re: Premier Physician Services, PA

Dear Sirs,

I wish to close the above corporation which I own 100%. The corporation has not been active for at least two years, and I have not filed the attached paperwork as an oversight.

I have enclosed the required \$35 fee, and ask that you contact me at the above address should you have any questions or comments.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Byrnes', with a stylized flourish at the end.

James J. Byrnes, MD

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 is: Premier Physician Services, P.A.

SECOND: The date dissolution was authorized: 12/31/2003

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 10 day of January, 2005.

Signature _____

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

James T. Byrnes, MD

(Typed or printed name)

President

(Title)

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