

P99000073279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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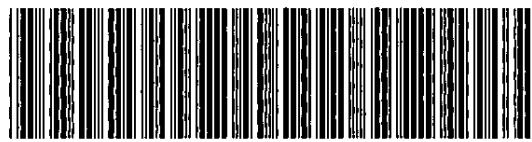
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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5-7-08

## **COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: P 99000073279

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

Please return all correspondence concerning this matter to the following:

DR. DEANNE ROOPNARINE

(Name of Contact Person)

(Firm/Company)

2112 562 71 1204

(Address)

DAVIE, FL 33317

(City/State and Zip Code)

For further information concerning this matter, please call:

DEANNE BERNARDINE

(Name of Contact Person)

at ( 954 ) 539-8533

(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 607.1401, 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:

DEANNE ROOPNARINE, DPM, PA.

SECOND: The document number of the corporation (if known): P 99000073279

THIRD: The file date of the articles of incorporation: 08/17/1999

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.  
 The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.  
 A majority of the directors authorized the dissolution.

Signature: Deanne Roopnarine DPM  
(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.)

DEANNE ROOPNARINE  
(Typed or printed name of person signing)

PRESIDENT  
(Title of Person Signing)

Filing Fee: \$35

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