

P99000092845

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Art Diss
@ 9/28/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF GIL EMMANUEL A. MEJIA, M.D., P.A.

DOCUMENT NUMBER: P99000092845

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

Please return all correspondence concerning this matter to the following:

GIL MEJIA, MD

(Name of Contact Person)

GIL EMMANUEL A. MEJIA, M.D., P.A.

(Firm/Company)

8001 N DALE MABRY BLDG 101-A

(Address)

TAMPA, FL 33615

(City/State and Zip Code)

For further information concerning this matter, please call:

GIL MEJIA, MD

(Name of Contact Person)

at 813-960-3436

(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

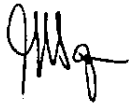
STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Please release the name, GIL EMMANUEL A. MEJIA, M.D., P.A (DOCUMENT NUMBER P99000092845), so it may be used by a new corporation to be formed with that exact name. The corporation mentioned above will not be reinstated under any circumstances.

Sincerely,

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

Gil Emmanuel A. Mejia, MD
President

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:

GIL EMMANUEL A. MEJIA, M.D., P.A.

SECOND: The document number of the corporation (if known): P99000092845

THIRD: The date dissolution was authorized: 8/31/2009

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)

GIL EMMANUEL A. MEJIA, MD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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