

P99000110070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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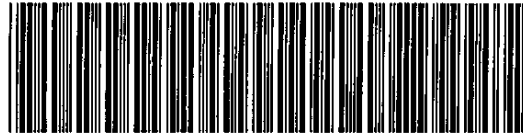
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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C. Coulliette JAN 11 2007

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**CORP.NAME:** John D. Hand M.D.,P.A.

**DOCUMENT  
NUMBER:** P99000110070

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

Please return all Correspondence concerning this matter to the following:

Graeme Gorrie  
(Name of Contact Person)

GT Associates, LLC  
(Firm/Company)

2822 Proctor Road Suite A  
(Address)

Sarasota, FL 34231  
(City/State and Zip Code)

*For further information concerning this matter, please call:*

Graeme Gorrie  
(Name of Contact Person)

941-924-8577  
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35 for the filing fee.

**MAILING  
ADDRESS:** Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

## 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:

John D. Hand M.D., P.A.

SECOND: The document number of the corporation:

P99000110070

THIRD: The date dissolution was authorized:

12/18/2006

FOURTH: Adoption of Dissolution (CHECK ONE):

X

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

N/A

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: ✓

John D. Hand

John D. Hand M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$35**