



JEFFREY SETH SELZER, P.A.  
ATTORNEY AT LAW

519484

Coastal Tower  
2400 East Commercial Boulevard  
Suite 723  
Fort Lauderdale, FL 33308  
Tel. (954) 776-7099 • Fax (954) 776-7009

August 25, 1998

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: DISSOLUTION OF IRENE L. LAPIDUS, P.A.

900002626439--1  
-08/27/98--01036--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Dear Sir/Madam:

Enclosed please find Articles of Dissolution for IRENE L. LAPIDUS, P.A., which have been executed by First Union National Bank, the duly appointed Personal Representative of the Estate of Irene L. Lapidus. I enclose a certified copy of the Letters of Administration issued by the Broward County Circuit Court Probate Division.

I also enclose the Director's Resolutions Recommending Dissolution of Corporation, and my firm draft in the amount of \$35.00 representing the filing fee for same. Please file the enclosed documents, and provide to me as soon as possible a confirmation that this corporation has been dissolved.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

JEFFREY SETH SELZER, ESQ.

JSS/ay

*Signed in his absence. JF.*

FILED  
98 AUG 27 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

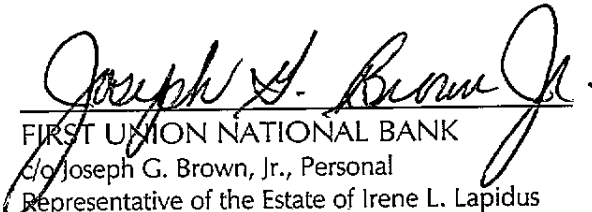
*Dissolution  
JF 9-1-98*

**ARTICLES OF DISSOLUTION**  
**OF**  
**IRENE L. LAPIDUS, P.A.**

FILED  
98 AUG 27 PM 12: 52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation is IRENE L. LAPIDUS, P.A.
2. The names and respective addresses of its officers were:  
  
IRENE L. LAPIDUS  
2000 West Commercial Boulevard, Suite 114  
Fort Lauderdale, Florida 33309
3. The names and respective addresses of its directors were:  
  
IRENE L. LAPIDUS  
2000 West Commercial Boulevard, Suite 114  
Fort Lauderdale, Florida 33309
4. That Irene L. Lapidus, the sole officer, director and shareholder of this professional association passed away on February 1, 1998. A certified copy of the death certificate of Irene L. Lapidus is attached hereto as Exhibit "A".
5. That on June 12, 1998, FIRST UNION NATIONAL BANK was appointed the Personal Representative of the Estate of Irene L. Lapidus. That a certified copy of the letters of Administration are attached hereto as Exhibit "B".
6. That all debts, obligations and liabilities of the corporation have been paid or discharged or adequate provision has been made for them.
7. All the remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interests.
6. There are no actions pending against the corporation in any court.
7. A copy of the resolution by the Board of Directors to dissolve is attached. This resolution was adopted by the shareholders of the corporation on July 6<sup>th</sup>, 1998.

DATED: July 6<sup>th</sup>, 1998.

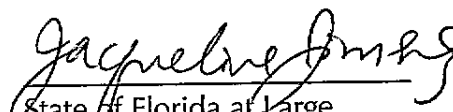
  
FIRST UNION NATIONAL BANK  
c/o Joseph G. Brown, Jr., Personal  
Representative of the Estate of Irene L. Lapidus  
1007 South Federal Highway, 2<sup>nd</sup>. Fl.  
Deerfield Beach, Florida 33441-7096  
**JOSEPH G. BROWN, JR.**  
**VICE PRESIDENT AND TRUST OFFICER**


STATE OF FLORIDA     )  
COUNTY OF BROWARD)

I HEREBY CERTIFY that on this day personally appeared before me an officer duly authorized to administer oaths and take acknowledgements, FIRST UNION NATIONAL BANK c/o Joseph G. Brown, Jr., Personal Representative of the Estate of Irene L. Lapidus, who produced personally known as identification, known to be the person described in and who executed the foregoing document and who duly acknowledged before me that he executed the same freely and voluntarily and for the purposes therein expressed.

WITNESS my hand and official seal this 6 day of July, 1998 in the County and State last aforesaid.

Notary Public:

  
State of Florida at Large  
My Commission Expires:

 Jacqueline Jimenez  
My Commission CC668763  
Expires August 08, 2001

## STATE OF FLORIDA

## OFFICE of VITAL STATISTICS

## CERTIFIED COPY

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INKCERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO.

1 DECEASED'S NAME FIRST <u>Irene</u> MIDDLE <u>Lapetus</u> LAST <u>Lapetus</u>		2 SEX <u>Female</u>
3 DATE OF DEATH (Month, Day, Year) <u>February 1, 1998</u>	4 SOCIAL SECURITY NUMBER <u>162-36-6534</u>	5a AGE Last Birthday (years) <u>51</u>
6 DATE OF BIRTH (Month, Day, Year) <u>May 29, 1946</u>	7 BIRTHPLACE (City and State or Foreign Country) <u>New York City New York</u>	8 WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes or No) <u>No</u>
9a PLACE OF DEATH (Check only one. See instructions on other side) <u>HOSPITAL</u> <u>Residence</u> <u>Other (Specify)</u> <u>Hospice</u>		9b INSIDE CITY LIMITS? (Yes or No) <u>Yes</u>
10 FACILITY NAME (If not institution, give street and number) <u>Memorial Hospital Pembroke</u>		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>
12 SURVIVING SPOUSE (If wife, give maiden name) <u>Pembroke Pines</u>		13a COUNTY OF DEATH <u>Broward</u>
14 DECEASED'S USUAL OCCUPATION <u>Attorney</u>		15 KIND OF BUSINESS/INDUSTRY <u>Law</u>
16 RESIDENCE - STATE <u>Florida</u>		17 CITY, TOWN, OR LOCATION <u>Davie</u>
18 STREET AND NUMBER <u>14080 Richwood Place</u>		19 INSIDE CITY LIMITS? (Yes or No) <u>Yes</u>
20 ZIP CODE <u>33325</u>		21 WAS DECEASED OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify: Cuban, Mexican, Puerto Rican, etc.) <u>No</u>
22 RACE - American Indian, Black, White, etc. (Specify) <u>White</u>		23 DECEASED'S EDUCATION (Specify only highest grade completed) <u>5+</u>
24 FATHER'S NAME (First, Middle, Last) <u>Hyman Levine</u>		25 MOTHER'S NAME (First, Middle, Maiden Surname) <u>Sonia Shaines</u>
26 INFORMANT'S NAME (Type/Print) <u>Arnold Levine</u>		27 MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <u>1307 Rutland Lane Wynnewood, Pennsylvania 19096</u>
28 METHOD OF DISPOSITION <u>Burial</u> <u>Cremation</u> <u>Removal from State</u> <u>Donation</u> <u>Other (Specify)</u>		29 PLACE OF DISPOSITION (Name of cemetery, crematory, or funeral home) <u>Anatomical Board, State of Florida/University of Miami</u>
30 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		31 LICENSE NUMBER (of Licensee) <u>FE1418</u>
32 NAME AND ADDRESS OF FACILITY <u>Anatomical Board, State of Florida</u>		33 ADDRESS <u>1600 NW 10 Ave (R-124) Miami Florida 33136</u>
34 DATE SIGNED (Mo, Day, Yr) <u>February 3, 1998</u>		35 HOUR OF DEATH <u>2:41 P.M.</u>
36 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>Freddie Negron, MD</u>		37 ADDRESS <u>2261 North University Drive #203 Pembroke Pines Florida 33024</u>
38 SUBREGISTRAR'S SIGNATURE AND DATE <u>[Signature]</u> <u>2/6/98</u>		39 LOCAL REGISTRAR'S SIGNATURE <u>[Signature]</u>
40 DATE REGISTERED <u>FEB 10 1998</u>		41 APPROXIMATE INTERVAL Between Onset and Death <u>2 days</u>
42 PART I: Enter the diseases, injuries, or other reasons that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <u>Heart failure</u> <u>Small bowel carcinoma metastatic</u>		43 DUE TO (OR AS A CONSEQUENCE OF) <u>23 months</u>
44 PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <u>None</u>		45 WAS AN AUTOPSY PERFORMED? (Yes or No) <u>No</u>
46 WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) <u>No</u>		47 CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) <u>Yes</u>
48 IF FEMALE WAS THERE A PREGNANCY IN THE PREVIOUS 12 MONTHS? - YES - NO <u>No</u>		49 DATE OF SURGERY (Mo, Day, Year) <u>None</u>
50 PROBABLE MANNER OF DEATH (Specify) <u>Natural</u> <u>Accident</u> <u>Self</u> <u>Homicide</u> <u>Undetermined</u>		51 DATE OF INJURY (Month, Day, Year) <u>None</u>
52 TIME OF INJURY <u>None</u>		53 INJURY AT WORK? (Yes or No) <u>No</u>
54 PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) <u>None</u>		55 LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>None</u>

DH 512, 9/96  
(Replaces HRS Form 512)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

MAH 3.0.1998  
Doris Owens, Chief Deputy Registrar

BY

State Registrar

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

9648289

HRS FORM 1564 (10-96)

CERTIFICATION OF VITAL RECORD



**DIRECTOR'S RESOLUTIONS RECOMMENDING**  
**DISSOLUTION OF CORPORATION**

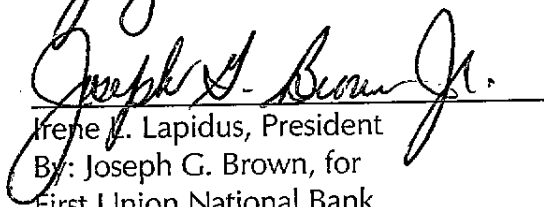
**WHEREAS**, the Board of Directors of IRENE L. LAPIDUS, P.A., deems it to be for the best interests of this corporation and its shareholders that IRENE L. LAPIDUS, P.A., be dissolved; and

**WHEREAS**, after notice to all shareholders, a meeting was held at 2000 West Commercial Boulevard, Fort Lauderdale, FL 33309 wherein it was decided that IRENE L. LAPIDUS, P.A., would file Articles of Dissolution; and

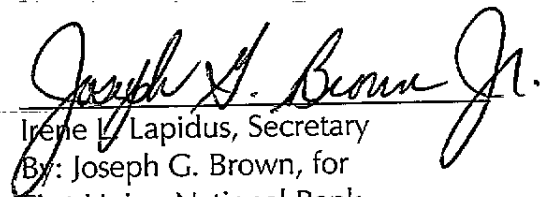
**IT IS HEREBY RESOLVED**, that the Board of Directors of this corporation hereby shall file Articles of Dissolution, and shall pay all fees necessary to dissolve this corporation.

**RESOLVED FURTHER**, that the President and Secretary of this corporation be, and they are hereby, authorized and directed to execute and deliver on behalf of this corporation and its name all documents necessary to dissolve IRENE L. LAPIDUS, P.A.

DATED: July 6, 1998.

  
Irene L. Lapidus, President  
By: Joseph G. Brown, for

First Union National Bank  
1007 South Federal Highway  
Second Floor  
Deerfield Beach, FL 33441-7096  
**Personal Representative of the**  
**ESTATE OF IRENE L. LAPIDUS**  
**JOSEPH G. BROWN, JR.**  
**VICE PRESIDENT AND TRUST OFFICER**  
SEAL OF CORPORATION:

  
Irene L. Lapidus, Secretary  
By: Joseph G. Brown, for

First Union National Bank  
1007 South Federal Highway  
Second Floor  
Deerfield Beach, FL 33441-7096  
**Personal Representative of the**  
**ESTATE OF IRENE L. LAPIDUS**  
**JOSEPH G. BROWN, JR.**  
**VICE PRESIDENT AND TRUST OFFICER**

IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT,  
IN AND FOR BROWARD COUNTY, FLORIDA

IN RE: ESTATE OF

PROBATE DIVISION

IRENE L. LAPIDUS,

File Number: 98-0963

Deceased.

43

LETTERS OF ADMINISTRATION

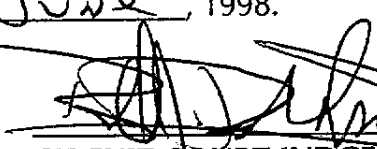
TO ALL WHOM IT MAY CONCERN:

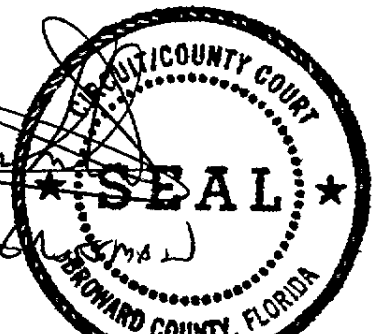
**WHEREAS,** IRENE L. LAPIDUS, a resident of Broward County, Florida, died on February 1, 1998, in the State of Florida, and

**WHEREAS,** FIRST UNION NATIONAL BANK has been appointed Personal Representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

**NOW, THEREFORE,** I, the undersigned Judge, declare FIRST UNION NATIONAL BANK to be duly qualified under the laws of the State of Florida to act as Personal Representative of the Estate of IRENE L. LAPIDUS, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED this 18th day of June, 1998.

  
CIRCUIT COURT JUDGE  
RONALD J. ROTHSCHILD  
ACTING IN THE ABSENCE OF JUDGE



Upon entry to a safe deposit box, an inventory of the contents must be made in the presence of a bank officer, witnessed, and filed with the court.

THIS ESTATE MUST BE  
CLOSED WITHIN 24 MONTHS



I DO HEREBY CERTIFY the within and foregoing is a true  
and correct copy of the original as it appears on record and  
file in the office of the Circuit Court Clerk of Broward  
County, Florida, and that same is in full force and effect.  
WITNESS my hand and Official Seal at Fort Lauderdale  
Florida, this the 18 day of June 19 98  
Robert E. Lockwood, Clerk

  
SYLVIA NEMBHARD-DOUBLEDAY