

S76065

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL

PEDIATRIC CENTER OF SANTA ROSA, P.A.

Certificate of Status	0
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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:

PEDIATRIC CENTER OF SANTA ROSA, P.A.

SECOND: The document number of the corporation (if known): S76065

THIRD: The date dissolution was authorized: 11/16/07

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)

Lelia F. Montes, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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DIVISION OF CORPORATIONS
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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: PED ATRIC CENTER OF SANTA ROSA, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name of claimant _____

Amount owed to claimant _____

Explanation of basis of claim/debt _____

Invoice (or copy of invoice if previously submitted) _____

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Lelia F. Montes, M.D.

1000 Black Walnut Trail

Pensacola, FL 32514

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Lelia F. Montes, M.D. , President

Printed Name of the Person Filing

Lelia F. Montes, MD

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00