

577303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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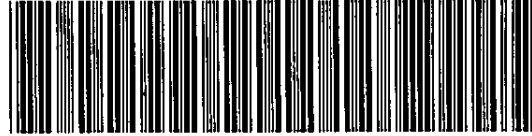
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 11 PM 8:49

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MAR 15 2016

C. CARROTHERS



March 1, 2016

Via UPS Overnight Mail

Tracking Number: 1Z X31 656 13 9487 3644

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Dissolution
Arnold L. Goodman, M.D., P.A.

Dear Sir or Madam:

On behalf of Arnold L. Goodman, M.D., P.A. (the "Corporation") please find enclosed the following: an executed Articles of Dissolution; and a check made payable to the **Florida Department of State** in the amount of (\$43.75) forty three dollars and seventy five cents, which represents the filing fee of \$35.00 and an additional \$8.75 for a certified copy of the filed Articles of Dissolution.

Please communicate with me if you have any questions concerning this matter using the following contact information:

Robert Wortelboer
Vice President of Legal Services
The Doctors Management Company
On Behalf of Arnold L. Goodman, M.D., P.A.
P.O. Box 4220, East Lansing, Michigan 48826 (for regular U.S. Mail)
12724 Gran Bay Pkwy., W., Ste. 400 Jacksonville, FL 32258 (for Overnight Mail)
Phone Number: (904) 360-3281
Facsimile Number: (888) 723-7177
Email: rwortelboer@thedoctors.com

Please return one certified copy of the Articles of Dissolution to me at the above overnight mail address using **UPS Account Number X31656**.

Thank you for your help with regard to these matters.

Sincerely,

Robert L. Wortelboer, Jr., Esq.
Vice President of Legal Services
The Doctors Management Company
On Behalf of Arnold L. Goodman, M.D., P.A.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: S77303

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

Please return all correspondence concerning this matter to the following:

Robert L. Wortelboer, Jr.

(Name of Contact Person)

Arnold L. Goodman, M.D., P.A.

(Firm/Company)

P.O. Box 4220

(Address)

East Lansing, Michigan 48826

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert L. Wortelboer, Jr. at (904) 360-3281

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Arnold L. Goodman, M.D., P.A.

SECOND: The document number of the corporation (if known): S77303

THIRD: Adoption of Dissolution
(**COMPLETE SECTION I OR II**)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted

_____. The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was March 1, 2016

The number of directors in office was 1 and the vote for resolution was 1 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: _____
(no more than 90 days after dissolution file date)

Signature: _____

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Robert L. Wortelboer, Jr.

(Typed or printed name of person signing)

President, Secretary and Chairman of the Board

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA