

V55725

**GASTROENTEROLOGY ASSOCIATES
OF SOUTH FLORIDA, INC.**

BROWARD 305-565-3662 DADE 305-948-0333
1400 E. OAKLAND PARK BLVD., STE. 100
FORT LAUDERDALE, FL 33334

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #) **400002314774--3**
-10/08/97--01045--010
2. _____ (Corporation Name) (Document #) *******35.00 *****35.00**
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Service

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 OCT -6 AM 9:49

FILED

DIVISION OF CORPORATIONS

97 SEP 17 AM 8:16

RECEIVED

See 10/6

ARTICLES OF DISSOLUTION

FILED
97 OCT -6 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: gastroenterology Associates
of South Florida, Inc.

SECOND: The date dissolution was authorized: 8/30/97

THIRD: 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 vote of 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)

Signed this 16 day of September, 19 97.

Signature _____

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Vicente LA90 M.D.

(Typed or printed name)

President.

(Title)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 24, 1997

VICENTE LAGO, M.D., P.A.
1100 S.W. 57TH AVENUE
2ND FLOOR
MIAMI, FL 33144

SUBJECT: GASTROENTEROLOGY ASSOCIATES OF SOUTH FLORIDA, INC.
Ref. Number: V55725

We have received your document for GASTROENTEROLOGY ASSOCIATES OF SOUTH FLORIDA, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes. Enclosed is the correct form.

Please return the enclosed check for \$35.00 or a newly issued check with your corrected document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Teresa Brown
Corporate Specialist

Letter Number: 397A00047267