

Pol000085272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

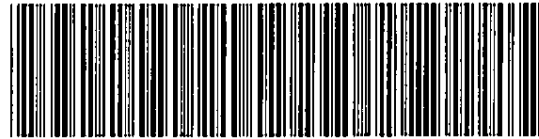
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
OCT - 8 2025

Office Use Only



700457641837

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2025 OCT - 7 PM 12:51

RECEIVED
2025 OCT - 7 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 10/07/25
Order #: 4506609-1
Re: Radiology Associates of Tampa, P.A.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination
Amount to be deducted from our State Account: \$35.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the text 'Issue Proof of Filing'.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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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:

Radiology Associates of Tampa, P.A.

SECOND: The document number of the corporation (if known): P01000085272

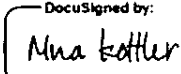
THIRD: The date dissolution was authorized: October 6, 2025

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

DocuSigned by:

F1714E69849949F...

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)

Nina Kottler, M.D.

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35