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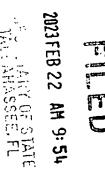
(Requestor's Name)
(Address)
(· · · · · · · · · · · · · · · · · · ·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operator medications to 1 mmg officer.

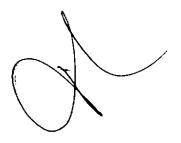
Office Use Only



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COVER LETTER

TO: Amendm	nent Section				
Division	of Corporations				
SUBJECT: MAR	IA I. LOPEZ M.D., P.A.		<u> </u>		
DOCUMENT NUMBER: P97000102194					
The enclosed Art	icles of Dissolution and f	ee are submitted for	r filing.		
Please return all o	correspondence concerning	g this matter to the	following:		
MARIA I. LOPEZ					
	(Name of	Contact Person)			
	(Fire	n/Company)			
6303 WATERFORD DISTRICT DRIVE, SUITE 200				23FI	
		ddress)		B 2	
MIAMI, FL 33126	(1)	uuicss)		2023 FEB 22 AM 9: 51	
	(City/Sta	te and Zip Code)			
For further inform	nation concerning this ma	tter, please call:		ATE ATE	
MARIA I. LOPEZ		at (³⁰⁵⁻³⁷³⁻⁰¹	23		
(Name	of Contact Person)		ode) (Daytime Telepho	one Number)	
Enclosed is a che	ck for the following amou	nt:			
□ \$35 Filing Fee	■ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing F Certified Copy (Additional copy enclosed)	Certificate of S	tatus &	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION

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

of dissolution	on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	MARIA I. LOPEZ M.D., P.A.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	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 wi 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. TALLARY OF STATE AHASSEE, FLEE TO SEE STATE TO
	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)
	MARIA I. LOPEZ
	(Typed or printed name of person signing)
	DIRECTOR Afresident
	(Title of person signing)