465803

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Nephrology Associates of Central Florida, P.A.,

Please Debit 12000000257 For: 52.50

Thank you Seth Neeley

X	A Contraction of the second se
Signature	

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Requested by: SETH	03/10/23	
Name	Date	Time
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	Art of Inc. File
	LTD Partnership File
,	Foreign Corp. File
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	Trade/Service Mark
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	Att. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
<u> </u>	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
	Vehicle Search
	Driving Record

UCC 1 or 3 File_____

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_____ UCC II Retrieval_____

____ Courier_____

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:

DOCUMENT NUMBER: 465803

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

Please return all correspondence concerning this matter to the following:

Lance O. Leider, Esquire

Name of Contact Person

The Health Law Firm, P.A.

Firm/Company

1101 Dougals Avenue, Suite 1000

Address

Altamonte Springs, Florida 32714

City/State and Zip Code

LLeider@TheHealthLawFirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lance Leider		407 331-66. At (20
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check fo	or the following amount:		
□ \$35 Filing Fæ	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing A		Street Address:	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	

FILED

2023 MAR 10 AM 10: 29

SECRETARY OF STATE

ARTICLES OF REVOCATION OF DISSOLUTION OF NEPHROLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.

Pursuant to Section 607.1404, Florida Statutes, the undersigned Florida profit corporation hereby revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date of the Articles of Dissolution:

1. The name of the corporation as currently filed with the Florida Department of State is Nephrology Associates of Central Florida, P.A., and its principal address is: 807 S. Orlando Avenue, Suite C, Winter Park, FL 32789.

- 2. The document number of the corporation is 465803.
- 3. The file date of the Articles of Incorporation was originally December 2, 1974.
- 4. There are issued shares of stock for the corporation.

5. The effective date of the Articles of Dissolution filed with the Department of State was January 30, 2023.

6. The Revocation of Dissolution was authorized on February 8, 2023, within the 120 day period for revocation stated in Section 607.1404(1), Florida Statutes.

7. A majority of the shareholders of the corporation duly approved the revocation of dissolution in the manner required by Chapter 607, Florida Statutes, and by the Articles of Incorporation, and by the Restated and Amended Bylaws.

8. A copy of the Articles of Dissolution is attached.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Revocation of Dissolution on February 9, 2023.

Nephrology Associates of Central Florida, P.A

FILED Jan 30, 2023 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State: NEPHROLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.

SECOND: The document number of the corporation: 465803

- THIRD: The date dissolution was authorized: January 26, 2023 Effective date of dissolution: January 30, 2023
- FOURTH: Dissolution was approved by the shareholders in the manner required by this chapter and by Articles of Incorporation.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: JEFFREY M. COHEN DIRECTOR Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative