

523408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

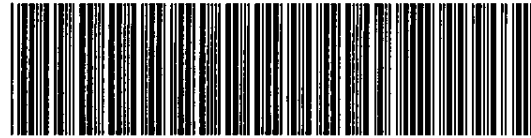
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/27/11--01039--019 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 27 PM 4:43

EFFECTIVE DATE

12/31/11

Amr Diss
w/ notice
@ 12/29/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jack D. Norman, MD PA

DOCUMENT NUMBER: 523408

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

Please return all correspondence concerning this matter to the following:

Martin L. Scheckner, CPA

(Name of Contact Person)

Scheckner & Hetenyi PL

(Firm/Company)

18001 Old Cutler Road STE 421

(Address)

Palmetto Bay, FL 33157

(City/State and Zip Code)

For further information concerning this matter, please call:

Martin L Scheckner CPA

(Name of Contact Person)

at (305) 379-0603

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$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 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

EFFECTIVE DATE
12/31/11

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

SECOND: The document number of the corporation (if known): 523408

THIRD: The date dissolution was authorized: December 23, 2011

Effective date of dissolution if applicable: December 31, 2011

FOURTH: 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 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)

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)

Jack D. Norman, M.D., P.A.

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 27 PM 4:43

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Jack D. Norman, M.D., P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Any claim must include the following information: Date(s) of service, Description of the services
provided, Dollar amount charged, Name of the person for whom the services were provided,
Provider information, Proof of payment is required.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Jack D. Norman c/o Martin L. Scheckner CPA

Scheckner & Hetenyi PL

18001 Old Cutler Road STE 421

Palmetto Bay, FL 33157

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jack D. Norman

Printed Name of the Person Filing

Jack D Norman President
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00