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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissol	ution of Florida profit corpora	tion	
DOCUMENT NU	JMBER:		
The enclosed Arti	cles of Dissolution and f	ee are submitted for filing	<u>,</u>
Please return all co	orrespondence concerning	g this matter to the follow	ing:
Joseph Flynn			
	(Name of	Contact Person)	
Space Coast Radiolog	gy Associates-Drs Anderson,N	layer,Flynn and Sorbello, PA	
	(Firm	n/Company)	
3430 Heron Ln			
	(A	ddress)	
Titusville, FL 32780			
	(City/Sta	te and Zip Code)	
For further inform	ation concerning this ma	iter, please call:	
Joseph Flynn		at (321-863-8294	
(Name	of Contact Person)		(Daytime Telephone Number)
Enclosed is a chec	k for the following amou	nt:	
■ \$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
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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: Space Coast Radiology Associates-Drs Anderson, Mayer, Flynn & Sorbello, PA				
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 Note: If the date inserted in this block does not meet the applicable statutory filing requirement be listed as the document's effective date on the Department of State's records.			will	
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.				
¥	Signature: (By a director, president or other officer - if directors or officers have not been selected, by	SECULIARIO DE SON	2021 JUL -9 AM 3: 34	200 per 200 pe	
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)				
	Joseph Flynn (Typed or printed name of person signing)			-	
	President			_	
	(Title of person cigning)				

Filing Fee: \$35