## 60/9/9

(Re	equestor's Name)	-
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

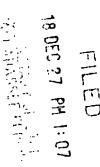
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations SUBJECT: JACKSONVILLE PATHOLOGY CONSULTANTS, P.A. DOCUMENT NUMBER: 601919 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E DAYAN SANDLER (Name of Contact Person) JACKSONVILLE PATHOLOGY CONSULTANTS, P.A. (Firm/Company) 13720 OLD ST AUGUSTINE ROAD, SUITE 8, BOX 165 (Address) JACKSONVILLE, FL 32258 (City/State and Zip Code) For further information concerning this matter, please call: E DAYAN SANDLER (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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:  JACKSONVILLE PATHOLOGY CONSULTANTS, P.A.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: 12/12/18			
	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:	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)			
	- 1: 07 - 1: 07			
	Signature:			
	(By a director, president or other officer - <del>1f directors or o</del> fficers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)			
	E DAYAN SANDLER			
	(Typed or printed name of person signing)			
	3456 1850 -			
	Title of person signing)			