

602281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

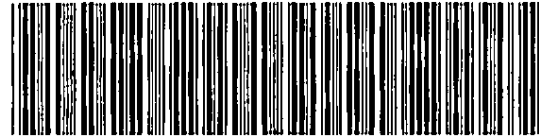
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600378567906

12/29/21--01/07--02E \*\*25.00

Effective Date 12/31/2021

FILED  
2021 DEC 29 PM 12:01  
SECRETARY OF STATE  
1217 MARKET ST., 12L  
HARTFORD, CT 06103

Dissolution w/notice

JAN 10 2022

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Surgical Associates of Northwest Florida, P.A.

**DOCUMENT NUMBER:** 602281

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

Please return all correspondence concerning this matter to the following:

Christine L. Reiss

(Name of Contact Person)

(Firm/Company)

1531 Logan Court

(Address)

Parker, FL 32404

(City/State and Zip Code)

For further information concerning this matter, please call:

Christine L. Reiss

at ( 850 ) 774-6671

(Name of Contact Person)

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2021 DEC 29 PM 12:01  
TALLAHASSEE, FL

## 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:  
Surgical Associates of Northwest Florida, P.A.

SECOND: The document number of the corporation (if known): 602281

THIRD: The date dissolution was authorized: December 24, 2021

Effective date of dissolution if applicable: December 31, 2021

(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: 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 an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

George E. Reiss

(Typed or printed name of person signing)

Director Treasurer Secretary

(Title of person signing)

FILED  
2021 DEC 29 PM 12:01  
STATE OF FLORIDA  
TALLAHASSEE, FL

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: Surgical Associates of Northwest Florida, P.A.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_\_\_

December 31, 2021

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

A reasonable description of the claim including the amount of the claim, the date the claim occurred and any circumstances giving rise to the claim, and names of all persons having information regarding the claim.

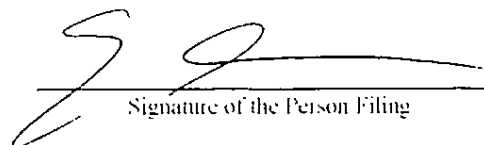
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

1531 Logan Court, Parker, Florida 32404

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.

George E. Reiss

Printed Name of the Person Filing

  
Signature of the Person Filing

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