

3/3/22, 11:48 AM

Division of Corporations

(((H22000081752 3))) Florida Department of State  
 Division of Corporations  
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To:

Division of Corporations  
 Fax Number : (850)617-6380

From:

Account Name : SMITH HULSEY & BUSEY  
 Account Number : 075030000653  
 Phone : (904)359-7700  
 Fax Number : (904)359-7708

**DISSOLUTION OR WITHDRAWAL  
 RICHARD M. STROMBERG, M.D., P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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SECRETARY OF STATE  
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**ARTICLES OF DISSOLUTION  
OF  
RICHARD M. STROMBERG, M.D., P.A.**

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**ARTICLE I**

The name of this corporation is Richard M. Stromberg, M.D., P.A. (the "Company").

**ARTICLE II**

The Articles of Incorporation of the Company were filed on June 5, 1979, and assigned Document Number 623873.

**ARTICLE III**

The dissolution of the Company was authorized by written consent adopted by the shareholders of the Company on December 31, 2021.

**ARTICLE IV**

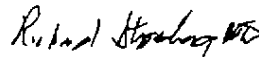
All remaining property and assets of the Company have been distributed to its shareholders in accordance with the Florida Business Corporation Act.

**ARTICLE V**

The effective date of the dissolution of the Company shall be as of the date of filing these Articles of Dissolution.

Dated this 1<sup>st</sup> day of March, 2022.

RICHARD M. STROMBERG, M.D., P.A.

By: 

Name: Richard M. Stromberg, M.D.

Title: President

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**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: Richard M. Stromberg, 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:

The identity and contact information for the person or entity asserting the claim, a description of the basis for

the claim, the date the claim arose, the amount of the claim, and a description of the facts and circumstances

underlying the claim.

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

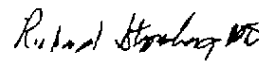
13816 Mandarin Road

Jacksonville, FL 32223

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.

Richard M. Stromberg, M.D.

Printed Name of the Person Filing



Signature of the Person Filing

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