

7/24/2020

Division of Corporations

6912007

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

DISSOLUTION OR WITHDRAWAL

STEVEN M. PRICE, M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

2020 JUL 24 PM 2:40

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JUL 27 2020

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Steven M. Price, M.D., P.A.

DOCUMENT NUMBER: 691207

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

Please return all correspondence concerning this matter to the following:

Steven M. Price, M.D.

(Name of Contact Person)

Steven M. Price, M.D., P.A.

(Firm/Company)

300 E. Hazel Street

(Address)

Orlando, FL 32804

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven M. Price, M.D.

at (407) 506-8434

(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

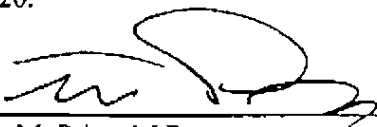
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STATEMENT OF FACT

The undersigned, Steven M. Price, M.D., states as follows:

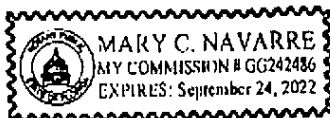
1. I was the owner of Steven M. Price, M.D., P.A., a Florida corporation (the "Corporation"), validly existing in the State of Florida until administratively dissolved in 2017.
2. On March 22, 2020, a Reinstatement for the Corporation was filed. The unknown person filing the Reinstatement changed the principal street address of the Corporation to 150 S. Pine Island Road, Suite 300, Plantation, FL 33324, and added Randall Wilson as an officer.
3. On April 25, 2020, an Amended Annual Report was filed for the Corporation. The unknown person filing the Amended Annual Report changed the principal street address of the Corporation to 110 E. Broward Blvd., Suite 1700, Fort Lauderdale, FL 33301, and changed the name of the officer previously added on the Reinstatement to Van Nelson.
4. Both the Reinstatement filed on March 22, 2020, and the Amended Annual Report filed on April 25, 2020 were filed by an unknown person or persons and without my knowledge or consent.

Dated this 23rd day of July, 2020.


Steven M. Price, M.D.

STATE OF FLORIDA
COUNTY OF ~~ORANGE~~ Seminole

The foregoing instrument was acknowledged before me by X means of physical presence or online notarization, this 23rd day of July, 2020, by Steven M. Price, M.D., who is personally known to me or who has produced (type of identification) FL drivers license as identification.



Mary Navarre
Print Name: Mary Navarre
Notary Public, State of Florida
Commission No.: GG242486
My Commission Expires: 9/24/22

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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:
Steven M. Price, M.D., P.A.

SECOND: The document number of the corporation (if known): 691207

THIRD: The date dissolution was authorized: July 1, 2020

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: 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)

Steven M. Price, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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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: Steven M. Price, M.D., P.A.

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

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

Description of information that must be included in a claim:

Name of Claimant: _____

Address of Claimant: _____

Amount of Claim: _____

Basis of Claim: _____

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

Steven M. Price, M.D.

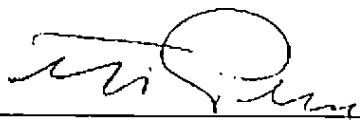
300 E. Hazel St.

Orlando, FL 32804

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.

Steven M. Price, M.D.

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

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