

693376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

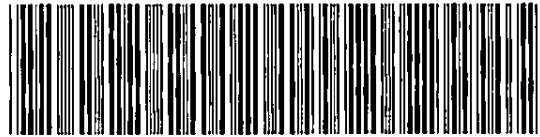
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 DEC -4 PM 2:10

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C. GOLDEN

DEC - 6 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOSEPH VIDAL, M.D., P.A.

DOCUMENT NUMBER: 693376

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

Please return all correspondence concerning this matter to the following:

JOSEPH VIDAL

(Name of Contact Person)

JOSEPH VIDAL, M.D., P.A.

(Firm/Company)

1351 SE 91st PLACE

(Address)

OCALA, FLORIDA 34480

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID R MARTIN, ESQUIRE

at (321) (868-0579)

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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 is JOSEPH VIDAL, M.D., P.A.

SECOND: The document number of the corporation is 693376.

THIRD: The date dissolution was authorized was December 1, 2017 and the effective date of dissolution is December 31, 2017.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ [x] 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.

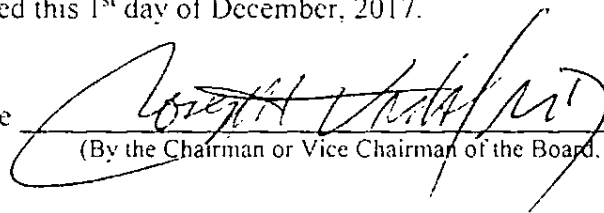
The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 1st day of December, 2017.

Signature



(By the Chairman or Vice Chairman of the Board, President, or other officer)

JOSEPH VIDAL, M.D.

(Typed or printed name)

PRESIDENT

(Title)

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: JOSEPH VIDAL, 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:

PERSON OR ENTITY SUBMITTING CLAIM, DATE CLAIM OCCURRED, SERVICE OR PRODUCT GIVEN, &

ADDRESS OF CLAIMANT.

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

1351 SE 91st PLACE, OCALA, FLORIDA 34480

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.

JOSEPH VIDAL, M.D.

Printed Name of the Person Filing



Signature of the Person Filing