

696371

Florida Department of State
Division of Corporations
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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
JAMES H. NANCE, P.A.**

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

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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:

James H. Nance, P.A.

SECOND: The document number of the corporation (if known): 696371

THIRD: The date dissolution was authorized: March 18, 2024

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)

Brian G. Fisher

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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FILED
2024 APR -8 AM 10:55
SECRETARY OF STATE
FLORIDA

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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: James H. Nance, P.A.

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

Upon filing

(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:

Basis of Claim:

Amount of Claim:

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SECRETARY OF STATE
TALLAHASSEE, FL

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

7380 Murrell Road, #200

Viera, FL 32940

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.

Brian G. Fisher

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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