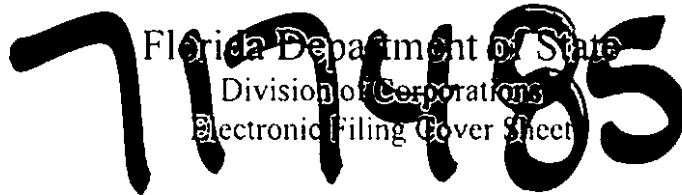


5/18/2020

Division of Corporations



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To:

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

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG, KOEHE & FOSTER
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

DISSOLUTION OR WITHDRAWAL
THE FLORIDA ASSOCIATION OF PEDIATRIC SURGEONS, INC.

Certificate of Status	0
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2020 MAY 18 PM 3:22

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**ARTICLES OF DISSOLUTION
THE FLORIDA ASSOCIATION OF PEDIATRIC SURGEONS, INC.**

Pursuant to the provisions of the Florida Business Corporation Act (the "Act"), THE FLORIDA ASSOCIATION OF PEDIATRIC SURGEONS, INC., a Florida corporation (the "Corporation"), delivers the following Articles of Dissolution for the purpose of dissolving the Corporation:

1. The name of the Corporation is: THE FLORIDA ASSOCIATION OF PEDIATRIC SURGEONS, INC.
2. The document number of the Corporation is: 717485.
3. The corporation has no members entitled to vote on the dissolution. The dissolution was authorized on May 18, 2020, by all members of the Board of Directors by the written consent of the Directors of the Corporation as permitted pursuant to Sections 617.1402(2) and 617.0821 of the Florida Statutes.
4. The number of votes cast by the directors in favor of dissolution was sufficient for approval.
5. The dissolution shall be effective when these Articles of Dissolution are filed with the Florida Department of State.

THE FLORIDA ASSOCIATION OF PEDIATRIC
SURGEONS, INC.

By: _____

Name: Holly Neville, MD

Title: President

Date: 5/18/20

FILED
FLORIDA ASSOCIATION OF PEDIATRIC SURGEONS, INC.

2020 MAY 18 AM 8:50

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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 Section 617.1407, F.S.

1. Name of Corporation: THE FLORIDA ASSOCIATION OF PEDIATRIC SURGEONS, INC.
2. Date of dissolution will be the date the Articles of Dissolution are filed with the Florida Department of State.
3. Description of information that must be included in a claim: Name and address of claimant and description of the services/product provided, including date and amount of claim.
4. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations):

THE FLORIDA ASSOCIATION OF PEDIATRIC SURGEONS, INC.
P.O. Box 10261
Tampa, FL 33679-0261

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.

THE FLORIDA ASSOCIATION OF PEDIATRIC
SURGEONS, INC.

By: 

Holly Neville, MD, President

2020 MAY 18 AM 8:50
ATTACHED
FILED

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