

# H06925

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

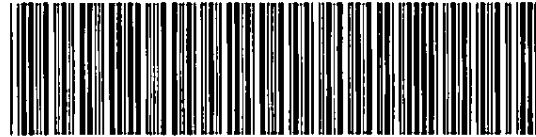
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



## 200361059122

*class with notice*

03/08/21--01035--003 \*\*43.75

2021 MAR -8 AM 11:11

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution

**DOCUMENT NUMBER:** H06925

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

Please return all correspondence concerning this matter to the following:

Sharad R Lakdawala MD

\_\_\_\_\_  
(Name of Contact Person)

Sharad R Lakdawala MD, PA

\_\_\_\_\_  
(Firm/Company)

3117 Mossvale Lane

\_\_\_\_\_  
(Address)

Tampa, FL 33618

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Sharad Lakdawala

at ( 813-817-4922 )  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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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## 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:

Sharad R Lakdawala MD, PA

SECOND: The document number of the corporation (if known): 1106925

THIRD: The date dissolution was authorized: December 31, 2020

Effective date of dissolution if applicable: December 31, 2020

(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)

Sharad R Lakdawala MD

(Typed or printed name of person signing)

President

(Title of person signing)

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: Sharad R Lakdawala MD, PA

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 12/31/2020

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

Description of information that must be included in a claim:

Dr. Sharad Lakdawala has retired from Medical Practice effective August 31, 2019. Effective December 31, 2020 is to be dissolved.

There are no outstanding claims.

Approved by Sharad R Lakdawala MD 100% Sharad Holder and President

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

Sharad R Lakdawala MD

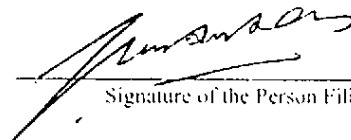
3117 Mossvale Lane

Tampa, FL 33618

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.

Sharad R Lakdawala MD, President

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**

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H06925

Entity Name: SHARAD R. LAKDAWALA, M.D., P.A.

Current Principal Place of Business:

3117 MOSSVALE LANE  
101  
TAMPA FL 33618

Current Mailing Address:

3117 MOSSVALE LANE  
101  
TAMPA FL 33618 US

FEI Number: 59-2437157

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAKDAWALA, SHARAD R  
3117 MOSSVALE LANE  
101  
TAMPA FL 33618 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida*

SIGNATURE:

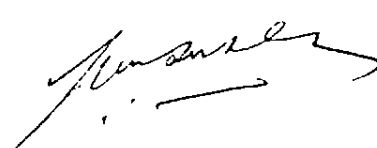
Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name LAKDAWALA, SHARAD R.  
Address 3117 MOSSVALE LANE  
101  
City-State-Zip: TAMPA FL 33618

Title AUTHORIZED REPRESENTATIVE  
Name LAKDAWALA, BHAVNA S  
Address 3117 MOSSVALE LANE  
101  
City-State-Zip: TAMPA FL 33618

Sir: Can we get refund for  
this filing?  
Thank  


I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears above or on an attachment with all other like empowered

SIGNATURE: SHARAD R LAKDAWALA

DIRECTOR

01/09/2021

Electronic Signature of Signing Officer/Director Detail

Date

Form **966**

(Rev. October 2016)

Department of the Treasury  
Internal Revenue Service**Corporate Dissolution or Liquidation**

(Required under section 6043(a) of the Internal Revenue Code)

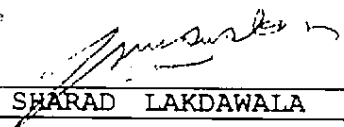
▶ Information about Form 966 and its instructions is at [www.irs.gov/form966](http://www.irs.gov/form966)

OMB No. 1545-0123

Please enter type of print	Name of corporation <b>SHARAD R LAKDAWALA MD PA</b>			Employer identification number <b>59-2437157</b>	
	Number, street, and room or suite no. (If a P.O. box number, see instructions.) <b>3117 MOSSVALE LANE</b>			Check type of return  <input type="checkbox"/> 1120 <input type="checkbox"/> 1120-L <input type="checkbox"/> 1120-IC-DISC <input checked="" type="checkbox"/> 1120S <input type="checkbox"/> Other ▶	
	City or town, state, and ZIP code <b>TAMPA FL 33618</b>				
1 Date incorporated <b>09/01/84 FL</b>	2 Place incorporated <b>FL</b>	3 Type of liquidation <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Partial		4 Date resolution or plan of complete or partial liquidation was adopted <b>12/31/20</b>	
5 Service Center where corporation filed its immediately preceding tax return <b>E-FILE</b>		6 Last month, day, and year of immediately preceding tax year <b>12/31/19</b>	7a Last month, day, and year of final tax year <b>12/31/20</b>	7b Was corporation's final tax return filed as part of a consolidated income tax return? If "Yes," complete 7c, 7d, and 7e. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7c Name of common parent			7d Employer identification number of common parent	7e Service Center where consolidated return was filed	
8 Total number of shares outstanding at time of adoption of plan of liquidation				Common <b>100</b>	Preferred
9 Date(s) of any amendments to plan of dissolution					
10 Section of the Code under which the corporation is to be dissolved or liquidated				<b>331</b>	
11 If this form concerns an amendment or supplement to a resolution or plan, enter the date the previous Form 966 was filed					

Attach a certified copy of the resolution or plan and all amendments or supplements not previously filed.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer  <b>SHARAD LAKDAWALA</b>	Title <b>PRESIDENT</b>	Date <b>02/10/2017</b>
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