

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 **49.75

2021 MAR -8 AM 11:11

FILED

MAY 20 2021

A RAMSEY

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:

- \$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

FILED
2021 MAR -8 AM 11:11

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

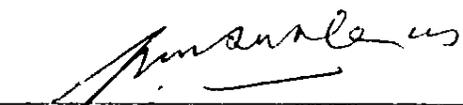
THIRD: The date dissolution was authorized: December 31, 2020

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

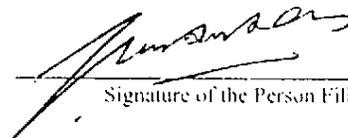
3117 Mossvale Lane

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

FILED
Jan 09, 2021
Secretary of State
1897358368CC

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

*Sir: Can we get refund for this filing?
Thank
[Signature]*

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**

Corporate Dissolution or Liquidation

(Rev. October 2016)

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

OMB No. 1545-0123

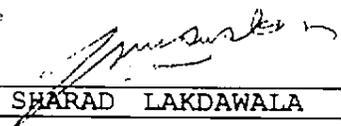
Department of the Treasury,
Internal Revenue Service

▶ Information about Form 966 and its instructions is at www.irs.gov/form966

Please see type of print	Name of corporation SHARAD R LAKDAWALA MD PA		Employer identification number 59-2437157	
	Number, street, and room or suite no. (If a P.O. box number, see instructions.) 3117 MOSSVALE LANE		Check type of return	
	City or town, state, and ZIP code TAMPA FL 33618		<input type="checkbox"/> 1120 <input type="checkbox"/> 1120-L <input type="checkbox"/> 1120-IC-DISC <input checked="" type="checkbox"/> 1120S <input type="checkbox"/> Other ▶	
1 Date incorporated 09/01/84	2 Place incorporated FL	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 12/31/20
5 Service Center where corporation filed its immediately preceding tax return E-FILE		6 Last month, day, and year of immediately preceding tax year 12/31/19	7a Last month, day, and year of final tax year 12/31/20	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 100	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			331	
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:  **SHARAD LAKDAWALA** Title: **PRESIDENT** Date: **02/10/2017**