

From:
Division of Corporations

H 84192

04/13/2015 13:50

#934 P.001/003

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

eff: 4/30/15

From: Account Name : HINES NORMAN HINES P.L.
Account Number : I20000000107
Phone : (813) 251-8659
Fax Number : (813) 254-6153

**DISSOLUTION OR WITHDRAWAL
MICHAEL A. SCANNON, M.D., P.A.**

Certificate of Status	0
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Page Count	02
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 APR 13 AM 9:17

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04/14/15

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From:

04/13/2015 13:50

#934 P.002/003

ARTICLES OF DISSOLUTION
OF
MICHAEL A. SCANNON, M.D., P.A.

EFF: 4-30-15

Pursuant to the provisions of Section 607.1403, Florida Statutes, these Articles of Dissolution state as follows:

ARTICLE I - NAME AND DOCUMENT NUMBER

The name of the corporation is MICHAEL A. SCANNON, M.D., P.A. (the "Corporation").
The Corporation's document number is H84192.

ARTICLE II - DATE DISSOLUTION AUTHORIZED

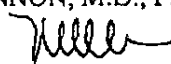
The dissolution, which is to be effective as of 11:59 p.m. on April 30, 2015, was authorized by the Corporation's Board of Directors, and by the Corporation's sole shareholder, effective as of April 30, 2015.

ARTICLE III - SHAREHOLDER APPROVAL

The dissolution was approved by the Corporation's sole shareholder, which is sufficient for dissolution of the Corporation.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed on behalf of the Corporation by the duly authorized undersigned officer on the date set forth below.

MICHAEL A. SCANNON, M.D., P.A.

By: 
Michael A. Scannon, M.D., its President

Date: April 9, 2015

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15 APR 13 AM 9:17
TALLAHASSEE, FLORIDA

From:

04/13/2015 13:50

#934 P.003/003

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: **Michael A. Scannon, 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:


Name of Claimant; address of claimant; amount of claim; and description of claim.

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

**Michael A. Scannon, M.D., P.A.
c/o Michael A. Scannon
7313 Pelican Island Drive
Tampa FL 33634**

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.

Michael A. Scannon
Printed Name of the Person Filing


Signature of the Person Filing