

J15878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

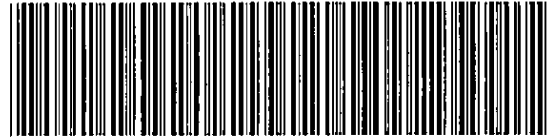
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200402084542

02/10/23--01008--008 **35.00

2023 FEB 10 PM 3:13

2023

GREENE HAMRICK SCHERMER & JOHNSON, P.A.

ATTORNEYS AT LAW

410 43rd STREET WEST, STE N.
BRADENTON, FLORIDA 34209
TELEPHONE: (941) 747-1871
FACSIMILE: (941) 745-2866

ROBERT F. GREENE
MICHAEL M. HAMRICK ♦
ROBERT W. HENDRICKSON, III

♦ Board Certified Wills, Trusts & Estates Lawyer
♦ Board Certified Elder Law Lawyer

WEBSITE: www.manateelegal.com

E-Mail: munzicker@manateelegal.com

JAMES E. JOHNSON II ♦
ROBERT C. SCHERMER ▲
MATTHEW D. UNZICKER ▼

DAVID B. DENTON, Of Counsel

Also admitted in Georgia ▲
LL.M. in Taxation ▼

February 8, 2023

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Manatee Internal Medicine P.A. (Dissolution)

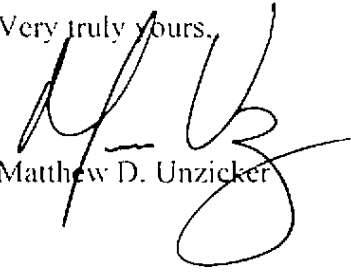
To Whom It May Concern:

Enclosed please find the following related to the Dissolution of Manatee Internal Medicine, P.A., a Florida Profit Corporation (Document Number: J15878).

1. Cover Letter;
2. Signed Articles of Dissolution for Manatee Internal Medicine, P.A.;
3. Notice of Corporate Dissolution; and
4. Check made payable to Florida Department of State in the amount of \$35.00.

Please contact my office if any additional documents or information is needed to successfully complete the dissolution proceeds for Manatee Internal Medicine, P.A. Thank you for your attention.

Very truly yours,


Matthew D. Unzicker

MDU/

Enclosures: as stated.

Xc: Dr. Thomas C. Wilkinson, President

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Manatee Internal Medicine, P.A.

DOCUMENT NUMBER: J15878

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

Please return all correspondence concerning this matter to the following:

Matthew D. Unzicker

(Name of Contact Person)

Greene Hamrick Schermer & Johnson, P.A.

(Firm/Company)

410 43rd Street West, Suite N.

(Address)

Bradenton, Florida 34209

(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew D. Unzicker

(Name of Contact Person)

at (

941-747-1871

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

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

ARTICLES OF DISSOLUTION

2023 FEB 10 PM 3:13

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:

Manatee Internal Medicine, P.A.

SECOND: The document number of the corporation (if known): J15878

THIRD: The date dissolution was authorized: February 1, 2023

Effective date of dissolution if applicable: February 28, 2023

(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)

Thomas C. Wilkinson, MD

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

2023 FEB 10 PM 3:13

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: Manatee Internal Medicine, P.A.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: February 28, 2023

(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

Amount of Claim

Nature of Claim

Date Claim accrued

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

Dr. Thomas and Susan Wilkinson

5109 9th Avenue Drive West

Bradenton, FL 34209-4201

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.

Thomas C. Wilkinson, MD

Printed Name of the Person Filing



Signature of the Person Filing