

J93668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

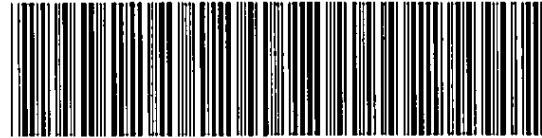
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100334357351

03/25/19--01012--001 **35.00

SEP 25 PM 3:08
C. McNair

OCT 15 2019
C. McNair

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Business

DOCUMENT NUMBER: 593668

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

Please return all correspondence concerning this matter to the following:

VINCENT P. MARINO MD
(Name of Contact Person)

VINCENT P. MARINO MD, PA.

DID ADDRESS WHERE BUSINESS LOCATED
333 W. COCOA BEACH CSWY
(Address)

COCOA BEACH, FL 32931

(City/State and Zip Code)

NEW CONTACT ADDRESS

401 HOLMAN ROAD

CAPE CANAVERAL FL 32920

For further information concerning this matter, please call:

VINCENT P. MARINO OR

321-543-5587

TAMMY C. MARINO

at (321-302-2725)

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

VINCENT P. MARINO MD. P.A.

SECOND: The document number of the corporation (if known): 593668

THIRD: The date dissolution was authorized: 9-16-19

Effective date of dissolution if applicable: 9-16-19

(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: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

There's ONLY ONE Shareholder in the business
(voting group) VINCENT P. MARINO MD.

Signature: Vincent P. Marino MD

(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)

Vincent P. Marino MD. P.A.

(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: VIOCENT P. MARINO 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:

Full description history of claim & document.

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

401 HOLMAN ROAD
CAPE CANAVERAL FL 32920

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.

VIOCENT P. MARINO M.D., P.A.
Printed Name of the Person Filing

Viocent P. Marino MD
Signature of the Person Filing