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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : HILL WARD HENDERSON

Account Number : 072100000520 Phone : (813)221-3900 Fax Number : (813)200-5995

# DISSOLUTION OR WITHDRAWAL INSTITUTE OF INTERVENTIONAL PAIN MANAGEMENT, P.A.

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# ARTICLES OF DISSOLUTION FOR INSTITUTE OF INTERVENTIONAL PAIN MANAGEMENT, P.A.

Institute of Interventional Pain Management, P.A., a Florida corporation, submits the following Articles of Dissolution pursuant to Section 607.1403 of the Florida Business Corporation Act:

#### ARTICLE I

The name of the corporation is Institute of Interventional Pain Management, P.A. (the "Corporation"), which was assigned document number K95697.

#### ARTICLE II

The dissolution of the Corporation was authorized on December 11, 2024. The effective date of the Corporation's dissolution is upon filing with the Florida Department of State.

#### ARTICLE III

The dissolution of the Corporation was approved by written consent of the shareholders of the Corporation in accordance the Florida Business Corporation Act and the Corporation's Articles of Incorporation.

INSTITUTE OF INTERVENTIONAL PAIN MANAGEMENT, P.A., a Florida corporation

By:

Farhan Siddiqi, President

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### **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: INSTITUTE OF INTERVENTIONAL PAIN MANAGEMEN	N1, P.A.
The above named corporation is the subject of dissolution and the effective dat	e of a dissolution is:
see Articles of Dissolution	
(date filed with the Dept, if date specified in the Articles of	Dissolution
Description of information that must be included in a claim:	
IF YOU DISCOVER THAT YOU HAVE A POSSIBLE CLAIM, PLEASE CONTAC	T IN WRITING
THE PERSON NAMED BELOW WITH A DETAILED DESCRIPTION OF THE NA	ATURE AND
AMOUNT OF THE ASSERTED CLAIM.	
Mailing address where written claims can be sent: (Claims cannot be sent to the	e Division of Corporations)
11319 CORTEZ BOULEVARD	CNE A DEC
BROOKSVILLE, FL 34613	1 18 1 18 1 18
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	0: <b>1</b>
A claim against the above named corporation will be barred unless a proceeding within 4 years after the filing of this notice.	g to enforce the claim is commenced
FARHAN SIDDIQI	
Printed Name of the Person Filing Si	gnature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00