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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Number : I20010000078

Phone

: (407)843-8880

Fax Number

: (407)244-5690

DISSOLUTION OR WITHDRAWAL JONATHAN T. PAINE, M.D., P.A.

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Estimated Charge	\$35.00

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PIRST:

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State:

	Jonathan T. Paine, M.D., P.A.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:	<u></u>	
•	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, the not be listed as the document's effective date on the Department of State's records.	is date w	
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.		
;	Signature: And I. Porce		
	(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)		
	Jonathan T. Paine, M.D.		
	(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, P.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Jonathan T. Paine, M.D., P.A. Name of Corporation: The above named corporation is the subject of dissolution and the effective date of a dissolution is: ________ December 31, 2020 (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: 1. Name, address, telephone number and email address of claimant. 2. Amount of claim. 3. Date that claim arose. 4. Description of goods or services or matters giving tise to claim. Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) Jonathan T. Paine, M.D., P.A. 1305 South Valentine Street Melbourge, Florida 32901 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. Jonathan T. Paine, M.D., P.A. Printed Name of the Person Filing

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