124831

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L. 28223

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SCOMA (MROPRELTIC, P.A.
DOCUMENT NUMBER: L24831
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
De Michelle Seward
(Name of Contact Person)
Scomp Chipoppactic, P.A
(Firm/Company)
1113 SE 47 TERRACE, Suite1
CAPE CORal, FL 33904 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Michelle Seward at (585) 217-6286
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$252.50 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 HAY 15 PH 12: 41

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:
	Scomp Chiropractic, P.A.
SECOND:	The document number of the corporation (if known): <u>L24531</u> .
THIRD:	The date dissolution was authorized: $\frac{2/2}{2023}$
	Effective date of dissolution if applicable:
	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.
	(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)
	Michelle Seward
	(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

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. against this corporation as provided in s. 607.1407, F.S.

iganics	Dissolution" is optiona	1 and		^ ^	
This "Notice of Corporate Name of Corporation: The above named corpor	Dissortion	CLUSOD	Pactic	P. A	12/202
	SCOMA	CHIRDI		- of a dissolution	is:
Name of Corporation:		ssolution and the	e effective dat	e of a disco-	
amed comor	ration is the subject of the	300		- i lerion)	
The above named of		Dent if date specific	d in the Articles o	Dissolution	
	(date filed with th	ie Debe			
	was sold	ed in a claim:			u)ho
Description of information	MOH time	1 0	New	doctor	
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Mailing address w	nelle Seward E 47 th terr				
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	t the above named corporation the filing of this no	oration will be ba	illed among	•	
A claim agains	t the above named corpe after the filing of this no	ntice.			
within 4 years	aller the				

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

Signature of the Person Filing



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Profit Corporation SCOMA CHIROPRACTIC, P.A.

Filing Information

Document Number

L24831

FEI/EIN Number

65-0159053

Date Filed

10/23/1989

State

FL

Status

ACTIVE

Principal Address

1113 SE 47th terrace

STE 1

CAPE CORAL, FL 33904-7141

Changed: 01/05/2019

Mailing Address

1113 SE 47th terrace

STE 1

CAPE CORAL, FL 33904-7141

Changed: 01/05/2019

Registered Agent Name & Address

SCOMA, LOUIS DR 1113 SE 47th terrace

STE 1

CAPE CORAL, FL 33904

Name Changed: 01/07/2010

Address Changed: 01/05/2019

Officer/Director Detail
Name & Address

Title DR

SCOMA, LOUIS 1113 SE 47th terrace

ste 1

Annual Reports

 Report Year
 Filed Date

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 01/15/2020

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 01/05/2021

 2022
 01/05/2022

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