

8/28/24, 11:11 AM

L 45595

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000288506 3)))



H240002885063ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : BURKE AND BLUE, P.A.
Account Number : 072100000111
Phone : (850)769-1414
Fax Number : (850)784-0857

DISSOLUTION OR WITHDRAWAL
SEAWIND MEDICAL CLINIC, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FL

2024 AUG 28 AM 9:52

FILED

RECEIVED

2024 AUG 28 PM 5:06

Electronic Filing Menu

Corporate Filing Menu

Help

(((H24000288506 3)))

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:
Scarsind Medical Clinic, P.A.

SECOND: The document number of the corporation (if known): L43593

THIRD: The date dissolution was authorized: August 12, 2024

Effective date of dissolution if applicable: _____

(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.

SECRETARY OF STATE
TALLAHASSEE, FL

2024 AUG 28 AM 9:52

FILED

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)

John C. England

John C. England, M.D.

(Typed or printed name of person signing)

President

President

(Title of person signing)

Filing Fee: \$35

(((H24000288506 3)))