

N130000001389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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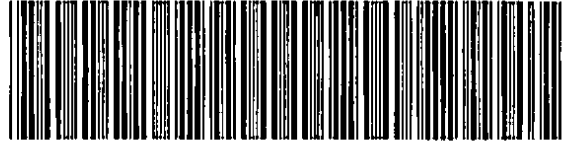
(Business Entity Name)

(Document Number)

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CLERK OF COURT
JULIA M. STONE

Dissolution

1/11/22
D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Institute for Effective Diagnosis and Treatment Inc

DOCUMENT NUMBER: N13000001389

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

Please return all correspondence concerning this matter to the following:

Steven Hayes

(Name of Contact Person)

Steven L Hayes, PA

(Firm/Company)

2600 East Bay Dr, Suite 230

(Address)

Largo, FL 33771

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Hayes

at (727)

238-5754

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

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

Institute for Effective Diagnosis and Treatment Inc

SECOND: The document number of the corporation (if known): N13000001389

THIRD: The file date of the articles of incorporation: 2/11/13

FOURTH: The corporation has not commenced to conduct its affairs.


FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

Signature: 

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Steven L Hayes

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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CORPORATE
STATE
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