

N24000003616

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

From: Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

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**DISSOLUTION OR WITHDRAWAL
MRI SAFETY COUNCIL INC.**

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**ARTICLES OF DISSOLUTION
OF
MRI SAFETY COUNCIL INC.
(A Florida Not for Profit Corporation)**

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation, submits the following Articles of Dissolution:

1. The name of this Florida corporation is: MRI SAFETY COUNCIL INC. (the "Corporation").
2. The document number of the Corporation is N24000003616.
3. The filing date of the Articles of Incorporation of the Corporation was March 18, 2024.
4. The date of adoption of the Unanimous Joint Written Consent of Board of Directors and Members authorizing the dissolution of the Corporation was December 30, 2024.
5. The number of directors in office was three (3) and the vote for resolution was three (3) for and zero (0) against.
6. The effective date of dissolution is the date of filing with the Florida Department of State.

DATED: As of December 30, 2024

MRI SAFETY COUNCIL INC.

/s/ Ryan Huber

By: _____
Name: Ryan Huber
Title: President

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NOTICE OF CORPORATE DISSOLUTION

This Notice of Corporate Dissolution is submitted by the dissolving corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407, Florida Statutes.

Name of Corporation: MRI SAFETY COUNCIL INC.

Document Number of Corporation: N060900010974.

Date of Dissolution: The date the Articles of Dissolution is filed with the Department of State.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of the claimant.
- (b) Amount of the claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the corporation or its directors, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: 3301 N. University Drive, Suite 100, Coral Springs, Florida 33071. Attn: Ryan Huber.

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.

MRI SAFETY COUNCIL INC.

/s/ Ryan Huber

By: _____

Name: Ryan Huber

Title: President

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