P00000 112 489

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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: DISSOLUTION	OF CORPORATION	
DOCUMENT NUMBER: P00	000112489	
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JUAN E. NUNEZ, M.D.		
(Name of Contact Person)		
JUAN E. NUNEZ, M.D., P.A.		
(Firm/Company)		
4983 BELLA TERRA DRIVE		
(Address)		
VENIC	E, FL 34293	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
JUAN E. NUNEZat (941- 492-8690		
(Name of Contact Person	n) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$43.75 Filing Certificate of		
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 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

PIKS1:	JUAN E. NUNEZ, M.D., P.A.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable: JANUARY 15, 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, 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.		
	DISSOLUTION WAS APPROVED BY THE SHAREHOLDERS IN THE MEETING THAT WAS HELD ON DECEMBER 31, 2019		
	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)		
	JUAN E. NUNEZ, M.D.		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35