

PO100005082

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BARNETT, KIRKWOOD, KOCH, LONG & FOSTER, P.A.
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

DISSOLUTION OR WITHDRAWAL IZZO & ALKIRE, M.D., P.A.

Certificate of Status	0
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2022 MAR -4 PM 2:48
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

ARTICLES OF DISSOLUTION
IZZO & ALKIRE, M.D., P.A.

Pursuant to the provisions of Section 607.1403 of the Florida Business Corporation Act (the "Act"), IZZO & ALKIRE, M.D., P.A., a Florida professional corporation (the "Corporation"), delivers the following Articles of Dissolution for the purpose of dissolving the Corporation:

1. The name of the Corporation is: IZZO & ALKIRE, M.D., P.A.
2. The document number of the Corporation is: P01000005082.
3. The dissolution was authorized on Feb 25th, 2022, by the written consent of the sole shareholder of the Corporation as permitted pursuant to Section 607.1402(6) of the Act.
4. The number of votes cast by the shareholders in favor of dissolution was sufficient for approval, and voting by voting groups was not required.
5. The dissolution shall be effective as of December 31, 2021, or upon the date filed with the Florida Department of State, whichever is later.

IZZO & ALKIRE, M.D., P.A.

By: _____
Name: Mark J. Alkire, M.D.
Title: President
Date: Feb. 26th 2022

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2022 MAR -4 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
362530

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: IZZO & ALKIRE, M.D., P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

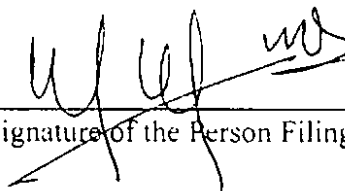
Description of information that must be included in a claim: Name and address of claimant, and description of the services/product provided, including date and amount.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations):

Izzo & Alkire, M.D., P.A.
Attention: Mark J. Alkire, M.D.
1112 Riverside Drive
Palmetto, FL 34221

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.

Mark J. Alkire, M.D.
Printed Name of the Person Filing



Signature of the Person Filing

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