# P01000006940

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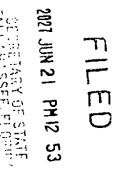
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dissolution

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#### **COVER LETTER**

**Division of Corporations** Dissolution of Corporation SUBJECT: P01000006940 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dr. Ehteram Raissi-Fard (Name of Contact Person) Sunstate Pediatries, P.A. (Firm/Company) 4966 Shoreline Circle (Address) Sanford, FL 32771 (City/State and Zip Code) For further information concerning this matter, please call: Ali Ogholikhan (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & 💆 \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) Mailing Address: Street Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**TO:** Amendment Section

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## FILED

## 2027 JUN 21 PM 12 53

### ARTICLES OF DISSOLUTION

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SECRETARY OF STATE

ALL MASSER FOR AND THE FORMAL STATE OF STATE AND THE FORMAL STATE OF dissolution:

FIRST:	Sunstate Pediatrics P.A.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 06/15/2021
	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.
	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)
	Dr. Ehieram Raissi-Fard
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35