

POI 0000 34674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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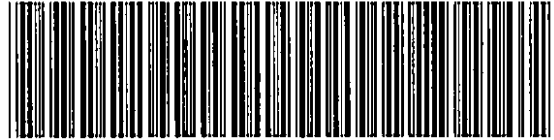
(Business Entity Name)

(Document Number)

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S T A L E N T

DEC 0 1 2020

2020 OCT 29 PM 1:53

V/D
w/notice

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

SUBJECT: EDDIE A. NEGRON, M.D., P.A.

DOCUMENT NUMBER: P01000034674

The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

LISA JO SPENCER, ESQUIRE
LISA JO SPENCER, P.A.
151 Mary Esther Boulevard, Suite 503
Mary Esther, FL 32569

For further information concerning this matter, please call Lisa Jo Spencer, P.A.
at (850) 226-2998

Enclosed is a check for the following amount:

☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,

Mailing Address:

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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
EDDIE A. NEGRON, M.D., P.A.

SECOND: The document number of the corporation: P01000034674

THIRD: The date dissolution was authorized: July 23, 2020

Effective date of dissolution if applicable: December 31, 2020

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:



PATRICIA R. NEGRON,

Personal Representative

2020 OCT 29 PM 1:53

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: EDDIE A. NEGRON, M.D., P.A.


The above-named corporation is the subject of dissolution and the effective date of a dissolution is: December 31, 2020.

Description of information that must be included in a claim: are the name, address, phone number and email address of the person filing the claim. The reason for the claim and any account or invoice numbers to help identify the work was done by the corporation for the person filing the claim.

All claims against the above-named corporation are required to be served in writing on the undersigned c/o Lisa Jo Spencer, P.A., 151 Mary Esther Boulevard, Suite 503, Mary Esther, Florida 32569, within one hundred twenty (120) days after service of this Notice, excluding the day of service or the claim is barred.

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.

The dissolved corporation may make distributions after the deadline above to other claimants and to the above-named corporation's shareholders or persons interest without further notice.


PATRICIA R. NEGRON,
Personal Representative