

FILED
Feb 11, 2025
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

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

SECOND: The document number of the corporation: P02000094493

THIRD: The file date of the articles of incorporation: August 30, 2002

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DROR PELED MD OWNER

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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.

Name of Corporation:

DROR M. PELED, 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:

THE CORPORATION IS NOT FUNCTIONAL FOR THE PAST 10 YEARS DUE TO FLORIDA WRONGFULLY
ACCUSING THE OWNER AND SUBSEQUENTLY FORCING THE OWNER TO RELINQUISH THE LICENSE

Mailing address where claims can be sent:

5035 MILE STRETCH DRIVE, HOLIDAY, FL, UNIT
HOLIDAY, FL 34690 UN

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DROR PELED MD

Electronic Signature of the Person Filing