FILED
Nov 11, 2021
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:

THE EAR, NOSE & THROAT CENTER, P.A.

SECOND: The document number of the corporation: P02000099070

THIRD: The file date of the articles of incorporation: September 12, 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: JOSEPH A. NINKE, M.D. PRESIDENT

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

FILED
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Secretary of State

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:

THE EAR, NOSE & THROAT CENTER, 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 NATURE OF CLAIM DATE TIME AND PLACE CLAIM AROSE HOW THE CLAIM AROSE NAME AND ADDRESS OF ALL PERSON(S) INVOLVED IN THE CLAIM ALLEGED INJURIES DAMAGES SUSTAINED BY CLAIMANT NAME OF ALL WITNESSES

Mailing address where claims can be sent:

2328 WILSON WAY
THE VILLAGES, FL 32162

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: JOSEPH A. NINKE, M.D.

Electronic Signature of the Person Filing