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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

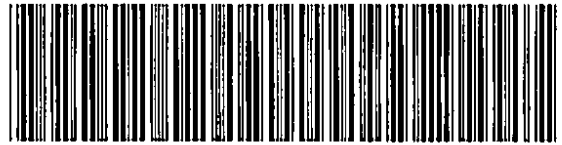
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

8/27

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2020 / 05 27 A 8:57

V/D
w/Notice

SEP 22 2020

D CANNELL



2020 08 07 11:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2020

LISA JO SPENCER, ESQ
151 MARY ESTHER BLVD
STE 503
MARY ESTHER, FL 32569

SUBJECT: THOMAS J. MANSKI, M.D., P.A.
Ref. Number: P03000153198

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE INCLUDE IN THE NOTICE OF DISSOLUTION A DESCRIPTION OF INFORMATION THAT MUST BE INCLUDED IN A CLAIM. WE NEED TO KNOW IN THIS SECTION WHAT INFORMATION YOU WILL REQUIRE OF SOMEONE WHO IS FILING A CLAIM AGAINST THE CORPORATION. AN EXAMPLE WOULD BE: THE NAME, ADDRESS, PHONE NUMBER AND EMAIL ADDRESS OF THE PERSON FILING THE CLAIM. THE REASON FOR THE CLAIM AND MAYBE AN INVOICE NUMBER TO HELP IDENTIFY WHAT WORK WAS DONE BY THE CORPORATION FOR THE PERSON FILING THE CLAIM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 720A00014520



2020 MAY - 12 11

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2020

LISA JO SPENCER, ESQ
151 MARY ESTHER BLVD
STE 503
MARY ESTHER, FL 32569

SUBJECT: THOMAS J. MANSKI, M.D., P.A.
Ref. Number: P03000153198

We have received your document for THOMAS J. MANSKI, M.D., P.A. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date to authorize a dissolution may not be a future date, however the effective date of dissolution may be a future date of no more than 90 days. Please remove last Fla. Stat.#607.12405-607.1410 from document. Enclosed our form for a reference or you may use. The description of information need to be more detailed as to what needs to be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 620A00010286

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

SUBJECT: THOMAS J. MANSKI, M.D., P.A.

DOCUMENT NUMBER: P03000153198

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 Amendment Section
Division of Corporations ~~Division of Corporations~~
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 ~~2415 N. Monroe Street, Suite 810~~
~~Tallahassee, FL 32303~~

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Section 607.1403, Florida Statutes, provides for the dissolution of a corporation that has issued shares.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

NOTE: A Notice of Corporate Dissolution form is attached. This notice pursuant to s. 607.1407, F.S. is optional and is not required when filing a dissolution. No additional fee is required if it is included.

FEES:

Articles of Dissolution \$ 35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$ 8.75

Certificate of Status (optional) \$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

For further information, you may contact the Amendment Section at (850) 245-6050.
CR2E012 (12/19)

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:
THOMAS J. MANSKI, M.D., P.A.

SECOND: The document number of the corporation: P03000153198

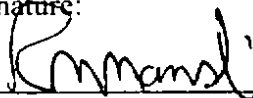
THIRD: The date dissolution was authorized: ~~MARCH 22, 2020~~ *Rm July 21, 2020.*

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:



RICHARD M. MANSKI,
Personal Representative

2020 JUL 27 A 8:57

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: THOMAS J. MANSKI, M.D., P.A.

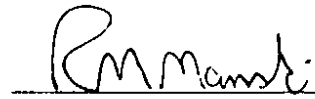
The above-named corporation is the subject of dissolution and the effective date of a dissolution is: July 21, 2020.

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 of interest without further notice.



RICHARD M. MANSKI
Personal Representative

August 22, 2020