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Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : AKERMAN LLP - BOCA
Account Number : I20100000049
Phone : (561) 368-2151
Fax Number : (561) 368-4668

**DISSOLUTION OR WITHDRAWAL
PALM BEACH RADIOLOGY PROFESSIONALS, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

RECEIVED
15 JUN 12 04:15
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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15 JUN 12 PM 3:19
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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:
Palm Beach Radiology Professionals, PA

SECOND: The document number of the corporation (if known): P04000040546

THIRD: The date dissolution was authorized: June 30, 2014

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: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

SANTIAGO HERNANDEZ, MD

(Typed or printed name of person signing)

Co-Executive Director

(Title of person signing)

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Filing Fee: \$35

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: Palm Beach Radiology Professionals, PA

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:

State in detail: (1) the exact amount of the claim; (2) the basis for the claim; (3) the relevant dates during which the claim arose; (4) the pertinent facts and circumstances surrounding the claim; (5) the exact name of the claimant holding the claim; (6) the exact mailing address, email address and phone number for the claimant to resolve inquiries regarding the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Palm Beach Radiology Professional, P.A.
c/o JFK Medical Center - Radiology Dept.
5301 South Congress Avenue
Atlanta, FL 33462

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.

Marcy Hahn-Saperstein

Printed Name of the Person Filing

Marcy Hahn-Saperstein
Signature of the Person Filing

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Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00