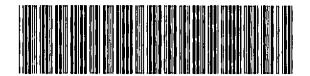
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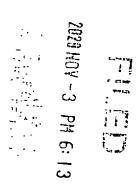
(Re	questor's Name)	
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Ų. <u>-</u>		
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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DEC 11 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of Corporation	
DOCUMENT NUMBER: P04000094220	
The enclosed Articles of Dissolution and fee an	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Robert Clark, M.D.	
(Name of Con	ract Person)
Robert Clark, M.D., P.A.	
(Firm/Co	empany)
18897 Ulmus Street	
(Addre	ss)
Lutz, FL 33558	
(City/State ar	nd Zip Code)
For further information concerning this matter,	please call:
Robert Clark, M.D.	at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status C	\$43.75 Filing Fee & S52.50 Filing Fee, ertified Copy Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Robert Clark, M.D., P.A.					
SECOND:	The document number of the corporation (if known):					
THIRD:	The date dissolution was authorized:					
	Effective date of dissolution if applicable: [1/01/2020			. <u></u> .		
	(no more than 90 days after dis Note: If the date inserted in this block does not meet the applicable statutory filing r not be listed as the document's effective date on the Department of State's records.			date will		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.					
	Signature: (By a director, president or other officer - if directors or officers have not been select an incorporator - if in the hands of a receiver, trustee, or other court appointed fiducity that fiduciary)		2020 NOV -3 PM 6: 13	The second of th		
	Robert Clark, M.D.					
	(Typed or printed name of person signing)					
	President					
	(Title of person signing)					

Filing Fee: \$35