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AND DEC 10 PM 2: 3 **TO:** Amendment Section **Division of Corporations** WILLIAM W. DENT, M.D., P.A. SUBJECT: P05000038459 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JENNIFER D. PESHKE, ESQ. (Name of Contact Person) LAW OFFICES OF JENNIFER D. PESHKE, P.A. (Firm/Company) 4733 N. HWY. A1A, STE. 303 (Address) VERO BEACH, FL 32963 (City/State and Zip Code) For further information concerning this matter, please call: HEATHER J. KOCIARA, PARALEGAL (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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: WILLIAM W. DENT, M.D., P.A.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: NOVEMBER 15, 2018
	Effective date of dissolution if applicable:
	(no more than 90 days after dissolution file state) 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: William W Deut, MM)
	(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)
	WILLIAM W. DENT, M.D.
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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: WILLIAM W. DENT, 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1515 DRUMMOND AVENUE PANAMA CITY, FL 32401 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. Signature of the Person Filing WILLIAM W. DENT, M.D. Printed Name of the Person Filing

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