

P06000046547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

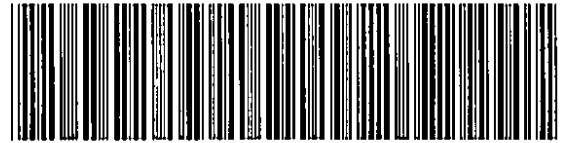
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/18/18--01003--014 **35.00

18 DEC 18 AM 11:06
STATE
OPERATIONS

Dissolution

JAN 02 2019

D CUSHING

December 17, 2018

34935-0001

VIA UPS OVERNIGHT DELIVERY

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

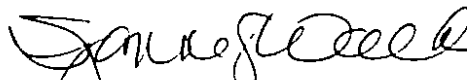
Re: Mario A. Mendizabal, M.D., P.A. ("Company")

Dear Sir or Madam:

Enclosed please find Articles of Dissolution, along with Notice of Corporate Dissolution for the above referenced Company for filing with the Florida Division of Corporations. Also enclosed is our firm's check in the amount of \$35.00 for the filing fee.

If you have any questions regarding the above, please feel free to contact me at (813) 472-7553.

Sincerely,


Suzanne J. Walker, FRP
Florida Registered Paralegal

/sjw
Enclosures

RECEIVED
DIVISION OF CORPORATIONS
18 DEC 18 3:41:06

ARTICLES OF DISSOLUTION

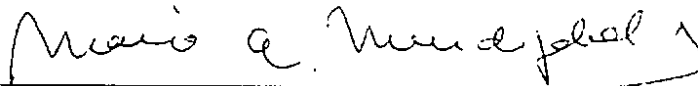
OF

MARIO A. MENDIZABAL, M.D., P.A.

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: MARIO A. MENDIZABAL, M.D., P.A.
- Second:** The document number of the corporation: P06000046547.
- Third:** The date dissolution was authorized: December 1, 2018.
Effective date of dissolution if applicable: Date of Filing.
- Fourth:** Adoption of Dissolution:
☒ Dissolution was approved by the sole shareholder of the corporation.
The number of votes cast for dissolution was sufficient for approval.

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.)

Mario A. Mendizabal

(Typed or printed name of person signing)

President

(Title of person signing)

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: MARIO A. MENDIZABAL, M.D., P.A.

Date of dissolution will be the date the Articles of Dissolution are filed with the Department of State.

Description of information that must be included in a claim:

Legal name of individual or entity making the claim; full description of claim; and mailing address of claimant or mailing address of representative of claimant.

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

Mario A. Mendizabal
1244 NW 5th Terrace
Crystal River, Florida 34428

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.

Mario A. Mendizabal
Printed Name of the Person Filing

Mario A. Mendizabal
Signature of the Person Filing

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