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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 : REZNICSEK, FRASER, HASTINGS, WHITE & SHAFFER, PA.
Account Number : I20030000107
Phone : (904) 567-1060
Fax Number : (904) 567-1065

DISSOLUTION OR WITHDRAWAL
JACKSONVILLE RADIOLOGY ASSOCIATES, P.A.

Certificate of Status	0
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10 MAY - 6 AM 10:26

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Notice of Diss.

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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 Section 607.1407, Florida Statutes.

Name of Corporation is Jacksonville Radiology Associates, 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:

1. Date of event giving rise to the claim.
2. Nature of claim/description of event giving rise to the claim.
3. Amount of claim.
4. Name and contact information of claimant.
5. Copies of any written agreements or other documentation supporting claim.

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

Shahid M. Nasir, M.D.
1052 Ponte Vedra Boulevard
Ponte Vedra Beach, Florida 32082

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.


Shahid M. Nasir, M.D., Director

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