

Division of Corporations

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Florida Department of State
Division of Corporations
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DISSOLUTION OR WITHDRAWAL
ASSOCIATED RADIOLOGISTS OF INVERNESS, P.A.

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ARTICLES OF DISSOLUTION

of

ASSOCIATED RADIOLOGISTS OF INVERNESS, P.A.

Pursuant to Section 607.1403, Florida Statutes, **ASSOCIATED RADIOLOGISTS OF INVERNESS, P.A.**, a Florida corporation (the "Corporation"), submits the following Articles of Dissolution:

ARTICLE I

The name of the corporation is **ASSOCIATED RADIOLOGISTS OF INVERNESS, P.A.** The document number for the Corporation is P07000026816.

ARTICLE II

The voluntary dissolution of the Corporation was authorized as of May 15, 2015.

ARTICLE III

The dissolution of the Corporation was approved by all of the shareholders of the Corporation.


ARTICLE IV

These Articles of Dissolution shall become effective on December 31, 2015, except that if these Articles are not filed by the Department of State of the State of Florida on or before such date, corporate dissolution shall become effective upon filing by the Department of State, and the Corporation shall be dissolved as of such date.

ARTICLE V

Pursuant to Section 607.1407, Florida Statutes, a Notice of Dissolution of the Corporation is attached as **EXHIBIT A**.

Signed this 24 day of December, 2015.


Thomas Ceballos, M.D., President

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EXHIBIT A

**NOTICE OF DISSOLUTION
OF
ASSOCIATED RADIOLOGISTS OF INVERNESS, P.A.**

This Notice of Dissolution is submitted by ASSOCIATED RADIOLOGISTS OF INVERNESS, P.A., a Florida corporation (the "Corporation"), for resolution of payment of unknown claims against the Corporation as provided in Section 607.1407, Florida Statutes.

ARTICLE I

The name of the Corporation is ASSOCIATED RADIOLOGISTS OF INVERNESS, P.A.

ARTICLE II

The effective date of the voluntary dissolution, as specified in the Articles of Dissolution filed with the Florida Department of State, is December 31, 2015.

ARTICLE III

Claims against the Corporation should be submitted to the address listed below. The following information must be included in each claim:

1. The name, address and telephone number of the claimant, and the name, address and telephone number of the claimant's attorney, if any. If the claimant is not represented by an attorney, the preferred method by which the claimant may be contacted.
2. A description of the claim, including a summary of the facts giving rise thereto and the claimant's reason to believe the Corporation is liable therefor.
3. The harm suffered by claimant.

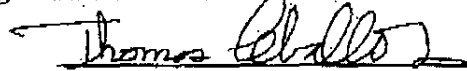
ARTICLE IV

Claims should be mailed to the Corporation at the following address:

c/o The LBA Group
501 Riverside Avenue
Suite 800
Jacksonville, FL 32202

ARTICLE V

Claims against the Corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.


Thomas Ceballos, M.D., President