

Aug 9, 2016 12:29PM

RezLegal, LLC

No. 0568

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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W. White
AUG 10 2016

To:

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From:

R. WHITE

Account Name : REZLEGAL, LLC
Account Number : I20140000033
Phone : (904) 567-1177
Fax Number : (904) 567-1066

DISSOLUTION OR WITHDRAWAL
AMIT CHOKSHI, MD PA

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DIVISION OF CORPORATIONS

16 AUG -9 AM 11:04

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FAX COVER SHEET

TO:	Florida Department of State	From:	Donna Ciancutti
Fax:	850-617-6380	Pages:	4
Phone:		Date:	August 9, 2016
Re:	Amit Chokshi, MD PA	CC:	

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(00314757; 1)

CONFIDENTIALITY NOTICE

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No. 0568 P. 3

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SECRETARY OF STATE
TALLAHASSEE FLORIDA


ARTICLES OF DISSOLUTION

FOR

AMIT CHOKSHI, MD PA

1. The name of the professional association as currently filed with the Florida Department of State is Amit Chokshi, MD PA (the "Company").
2. The Articles of Incorporation were filed on January 25, 2008 and assigned document number P08000009356.
3. Dissolution of the Company was unanimously approved as of August 1, 2016 by the consent of the sole Shareholder of the Company. The number of votes cast for dissolution was sufficient for approval. Dissolution of the Company shall be effective immediately.
4. All debts, liabilities and obligations of the Company have been paid or discharged.
5. All remaining property and assets have been distributed to the Shareholders in accordance with its respective rights and interests.
6. There are no suits pending against the Company in any court.

The undersigned, being the President of the Company, hereby approves the above Articles of Dissolution this 1st day of August, 2016.



Amit R. Chokshi, M.D., President

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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 s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Amit Chokshi, MD PA

Document Number of Corporation is: P08000009356.

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 written claim:

Date of event giving rise to claim.

Nature of claim/description of event giving rise to claim.

Amount of Claim.

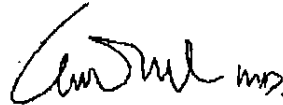
Name and contact information of claimant.

Copies of any written agreement or other documentation supporting claim.

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

Amit R. Chokshi, M.D.
1325 San Marco Boulevard, Suite 900
Jacksonville, Florida 32207

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.



Amit R. Chokshi, M.D.