

PO8000077500

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : HILL WARD HENDERSON
Account Number : 072100000520
Phone : (813) 221-3900
Fax Number : (813) 200-5995

**DISSOLUTION OR WITHDRAWAL
CLARA E. CUEBAS, M.D., P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

FEB 23 2018

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ARTICLES OF DISSOLUTION
OF
CLARA E. CUEBAS, M.D., P.A.
(P08000077500)

CLARA E. CUEBAS, M.D., P.A., a Florida corporation, organized and existing under the laws of the State of Florida (the "Corporation"), in order to dissolve in accordance with the requirements of the Florida Business Corporation Act (Chapter 607, *Florida Statutes*), does hereby submit these Articles of Dissolution pursuant to the requirements of Section 607.1403, *Florida Statutes*:

1. The name of the Corporation is CLARA E. CUEBAS, M.D., P.A.
2. The dissolution of the Corporation was authorized by unanimous written consent of the shareholders of the Corporation pursuant to 607.1402(6), *Florida Statutes*, on February 1, 2018. The number of shareholder votes in favor of dissolution was sufficient for approval. Voting by voting groups was not required.
3. These Articles of Dissolution shall be effective upon filing.

DATED Feb 12/2018, 2018

CLARA E. CUEBAS, M.D., P.A.

By: Clara E. Cuebas, M.D.
Clara E. Cuebas, 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: CLARA E. CUEBAS, 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:

If you feel that you have a possible claim, please contact in writing the

person listed below with a detailed description of the nature and amount

of the asserted claim.

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

PO BOX 578

PALM HARBOR, FL 34682

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.

Clara E. Cuebas MD

Printed Name of the Person Filing

Clara E. Cuebas MD

Signature of the Person Filing

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

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