

PO9

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SMITH HULSEY & BUSEY
Account Number : 075030000653
Phone : (904)359-7700
Fax Number : (904)359-7700

DISSOLUTION OR WITHDRAWAL
THOMAS KELLY MOORE, M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
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J. HORNE

JAN 19 2024

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**ARTICLES OF DISSOLUTION
OF
THOMAS KELLY MOORE, M.D., P.A.**

ARTICLE I

The name of this corporation is Thomas Kelly Moore, M.D., P.A. (the "Corporation").

ARTICLE II

The Articles of Incorporation of the Corporation were filed on December 30, 2009 and assigned Document Number P09000103545.

ARTICLE III

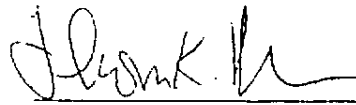
The dissolution of the Corporation was authorized by written consent adopted by the sole shareholder of the Corporation on January 16, 2024. The number of votes cast for dissolution by the shareholders was sufficient for approval.

ARTICLE IV

The dissolution shall be effective as of the date of filing.

Dated January 16, 2024.

THOMAS KELLY MOORE, M.D., P.A.



Name: Thomas Kelly Moore, M.D.

Title: 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: Thomas Kelly Moore, M.D., P.A.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

The identity and contact information for the person or entity asserting the claim, a description of the basis for the claim,
the date the claim arose, the amount of the claim, and a description of the facts and circumstances underlying the claim.

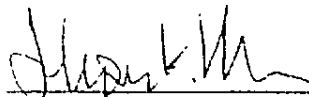
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

1622 Avondale Avenue, Jacksonville, FL 32205

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.

Thomas K. Moore

Printed Name of the Person Filing



Signature of the Person Filing

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

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