

P1000000 1736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

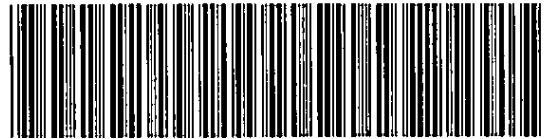
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11/11/2022

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**FILED**  
MAY 20 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Price Health Centers P.A.

DOCUMENT NUMBER: P10000001736

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Sean Price  
(Name of Contact Person)

Price Health Centers P.A.  
(Firm/Company)

9102 White Chimney Lane  
(Address)

Great Falls, VA 22066  
(City/State and Zip Code)

For further information concerning this matter, please call:

David Bailey at (850) 914-0054  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF DISSOLUTION

**FILED**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

MAY 20 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FL

FIRST: The name of the corporation as currently filed with the Florida Department of State  
Price Health Centers P.A.

SECOND: The document number of the corporation (if known): P1000000017.36

THIRD: The date dissolution was authorized. Dec. 31, 2021

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: X

(By a director, president or other officer, if directors or officers have not been selected, by an incorporator, or in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Sean Price  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35