

P10000021249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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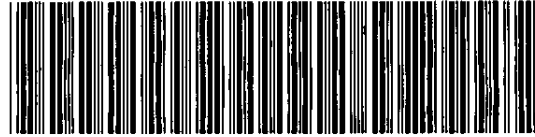
(Business Entity Name)

(Document Number)

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2018 JUN 27 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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18 JUN 27 PM 4:00  
18 AGASSY  
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18 JUN 27 PM 4:00

RECEIVED  
DEPARTMENT OF REVENUE

6/29/18

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 193903 4353914

AUTHORIZATION :

COST LIMIT :

*[Signature]*  
\$ 35.00

ORDER DATE : June 27, 2016

ORDER TIME : 3:39 PM

ORDER NO. : 193903-020

CUSTOMER NO: 4353914

DOMESTIC FILINGS

NAME: NOVAMD, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2016

CORP. SERVICE COMPANY  
% MELISSA ZENDER  
TALL., FL 32301

SUBJECT: NOVAMD, INC.  
Ref. Number: P10000021249

**RESUBMIT**

Please give original  
submission date as file date.

We have received your document for NOVAMD, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 916A00013517

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16 JUN 29 AM 10:38  
SUNBIZ  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
NovaMD, Inc.

SECOND: The document number of the corporation (if known): P10000021249

THIRD: The date dissolution was authorized: June 27, 2016

Effective date of dissolution if applicable: June 30, 2016

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:

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

Ellis B. Norsoph, M.D.

(Typed or printed name of person signing)

Director

(Title of person signing)

FILED  
2016 JUN 27 PM 3:12  
SECRETARY OF STATE  
ALABAMA  
FLORENCE