

P100000034634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

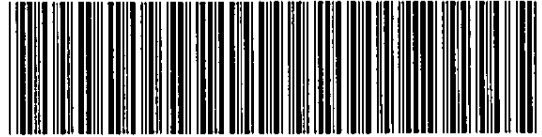
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE

12-31-15

RECEIVED
15 OCT - 6 PM 10: 04

10/06/15--01006--003 **35.00

RECEIVED
15 OCT - 6 AM 10: 05

APPROVED
AND
FILED

APR
10/6/15

Chris Aland

Requester's Name

1000 Riverside Ave

Address

Jacksonville, FL 32204 904-355-1555

City/State/Zip

Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. DE Urgent Care Tax, P.A. P10000034634
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)
5. _____
(Corporation Name) (Document #)
6. _____
(Corporation Name) (Document #)
7. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

EFFECTIVE DATE

12-31-15

APPROVED
AND
FILED

ARTICLES OF DISSOLUTION

15 OCT -6 AM 10: 05

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Secretary of State:
DE Urgent Care Jax, P.A.

SECOND: The document number of the corporation: P1000034634.

THIRD: The file date of the articles of incorporation: April 21, 2010.

FOURTH: The date the dissolution was authorized: June 18, 2015.
The effective date of dissolution: December 31, 2015.

FIFTH: The dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

IN WITNESS WHEREOF, I have executed these Articles of Dissolution on the 18th day of June, 2015.


Ellen J. Sullivan
Vice-President