

P120000016657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

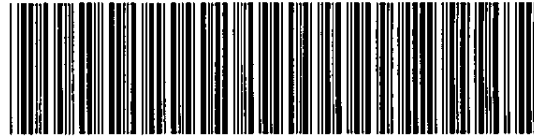
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
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14 FEB 19 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE

14 FEB 19 PM 1:54

C. LEWIS
FEB 20 2014
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 954568 7976024

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : January 8, 2014

ORDER TIME : 1:08 PM

ORDER NO. : 954568-021

CUSTOMER NO: 7976024

DOMESTIC FILINGS

NAME: SOUTH FLORIDA NEUROPATHY
CENTER, 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: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: _____

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AND
FILED

14 FEB 19 AM 10:28

ARTICLES OF DISSOLUTION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1401, 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:

SOUTH FLORIDA NEUROPATHY CENTER, INC.

SECOND: The document number of the corporation (if known): P12000016657

THIRD: The file date of the articles of incorporation: 08/01/2012

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.


FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

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.)

James Faulhaber

(Typed or printed name of person signing)

Director

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

APPROVED
AND
FILED

14 FEB 19 AM 10:28

Notice of Corporate Dissolution

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SOUTH FLORIDA NEUROPATHY CENTER, INC.

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:


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

3233 SW PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34953

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.

James Faulhaber

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