

P/2000078609

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000155237 3)))



H220001552373ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : REZLEGAL, LLC
Account Number : I20140000033
Phone : (904) 685-9321
Fax Number : (904) 567-1066

RECEIVED

2022 APR 29 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FL

**DISSOLUTION OR WITHDRAWAL
RIVER CITY PEDIATRIC DENTISTRY, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

2022 APR 29 AM 8:46

2022 APR 29 AM 8:46

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

A. RAMSEY
MAY -2 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: River City Pediatric Dentistry, P.A.

DOCUMENT NUMBER: P12000078609

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

Please return all correspondence concerning this matter to the following:

Mary Kate Mahoney

(Name of Contact Person)

RezLegal, LLC

(Firm/Company)

816 A1A North, Suite 204

(Address)

Ponte Vedra Beach, FL 32082

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Kate Mahoney

at (904-297-0981

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

2022 APR 29 AM 8:46

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:
River City Pediatric Dentistry, P.A.

SECOND: The document number of the corporation (if known): P12000078609

THIRD: The date dissolution was authorized: 4/28/2022

Effective date of dissolution if applicable: _____
(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

DocuSigned by:
Signature: James Patrick Weaver
AC:10A301B05F42F
(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)

J. Patrick Weaver, D.M.D.

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

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: River City Pediatric Dentistry, 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:

Date of event giving rise to claim; nature of claim/description of event giving rise to claim; amount of claim; name and
contact information of claimant; and copies of any written agreement or other documentation supporting claim.

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

3020 Harley Road, Suite 210

Jacksonville, FL 32257

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.

J. Patrick Weaver, D.M.D.

Printed Name of the Person Filing

DocuSigned by:

James Patrick Weaver

8C1D33B12D5F42F

Signature of the Person Filing

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