

PI3 000024343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

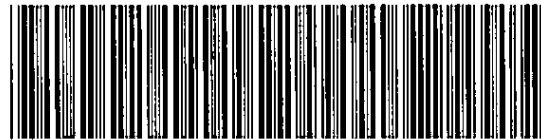
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2021

MARK R SHAYA  
201 BIRD ROAD  
CORAL GABLES, FL 33146

SUBJECT: EMERGENCY NEUROSURGICAL SPECIALISTS, P.A.  
Ref. Number: R13000024383

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

Section 607.1407 or 617.1047, Florida Statutes, requires a Notice of Corporate Dissolution contain a description of the information that must be included in a claim.

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.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 021A00017596

## 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:

Emergency Neurosurgical Specialists, P.A.

SECOND: The document number of the corporation (if known): P13000024383

THIRD: The date dissolution was authorized: 1/1/2021

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.

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)

Mark R. Shaya

(Typed or printed name of person signing)

President

(Title of person signing)

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2021 AUG 20 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Emergency Neurosurgical Specialists, 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:

We would like their name, address, &  
phone # & email to be able to  
Correspond.

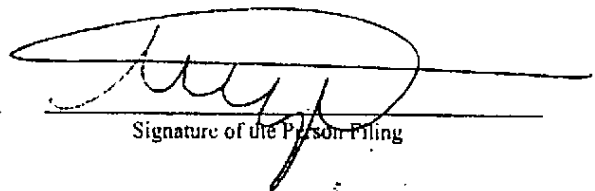
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

201 Bird Road, Coral Gables, FL 33146

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.

Mark P. Shaya

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