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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: _ Articles of Dissolution DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Swati Patel (Name of Contact Person) Chirag Bakulesh Patel, MD PA (Firm/Company) 7862 W Irlo Bronson Memorial Hwy #425 (Address) Kissimmee, FL 34747 (City/State and Zip Code) For further information concerning this matter, please call: at (832) 368-1030 (Area Code & Daytime Telephone Number) Swati Patel (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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: Chirag Bakulesh Patel, MD PA		
SECOND:	The document number of the corporation (if known): P13000034105		
THIRD:	The file date of the articles of incorporation: April 16, 2013		
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: 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.)			
	Swati Patel		
	(Typed or printed name of person signing)		
	President		
	(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: Chirag Bakulesh Patel, MD PA	
Date of dissolution will be the date the dissolution is filed wispecified in the <i>Articles of Dissolution</i> .	th the Department of State or as
Description of information that must be included in a claim:	
The claim must include name of creditor, address, amount, basis of	f claim, security, and whether the claim is
contingent, unliquidated, matured or unmatured.	
	·
Mailing address where claims can be sent: (Claims cannot be	e sent to the Division of Corporations)
7862 W Irlo Bronson Memorial Hwy #425	
Kissimmee, FL 34747	
A claim against the above named corporation will be barred within 4 years after the filing of this notice.	unless a proceeding to enforce the claim is commenced
	\bigcap \bigcap \bigcap \bigcap
Swati Patel Printed Name of the Person Filing	Signature of the Person Filing
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Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00