P160000 36703

(Re	equestor's Name)
(Ad	ldress)
,	,
(Ad	idress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	8/20
	A/ x

Office Use Only



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2021 AUG 20 PH 3: 46

SEP 71 2021 D COMMETT



July 27, 2021

MARK R SHAYA 201 BIRD ROAD CORAL GABLES, FL 33146

SUBJECT: CORAL GABLES PAIN MANAGEMENT, P.A.

Ref. Number: P16000036703

We have received your document. 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.

Letter Number: 421A00017595

Darlene Connell
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of	a Corporation that has not
DOCUMENT NUMBER: P/60	a Corporation that has not Commenced business 200036703
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
Mark R. S. (Name of Co	Shaya Ontact Person)
Coral Gables	Pain Management, P.A.
201 Bird A	Poad
Coral Gables	Poad ress) S, FL 33146
(City/State	and Zip Code)
For further information concerning this matter	r, please call:
Mark Shaya (Name of Contact Person)	at (305) 325 - 4681 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy enclosed) (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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:
	Coral Gables Pain Management, P.A.
SECOND:	The document number of the corporation (if known): P1660003.6703
THIRD:	The file date of the articles of incorporation: 4/22/2016
FOURTH:	None of the corporation's shares have been issued.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.
Sign	(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 tiduciary.)
	Mark R. Shava
	(Typed or printed name of person signing)
	Precident
	(Title of Person Signing)
	(Title of Person Signing) ALLAHASSET AUG PORTON Filing Fee: \$35
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