

P17000023520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

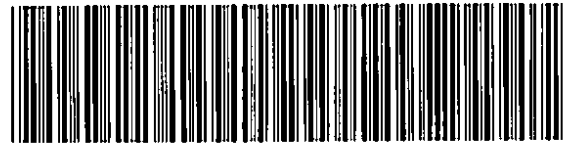
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900368618149

06/30/21--01002--012 ♦♦43.75

RECEIVED

2021 JUN 30 PM 12:14

77

2021 Jun 30 PM 12:19

And Dies

JUL 01 2021
ALBRITTON

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/30 DANNY

XX CERTIFIED COPY

PHOTOCOPY

CUS

XX FILING

DISSOLUTION

1. DAVID MAIN, M.D., P.A.

(CORPORATE NAME AND DOCUMENT #)

2.
(CORPORATE NAME AND DOCUMENT #)

3.
(CORPORATE NAME AND DOCUMENT #)

4.
(CORPORATE NAME AND DOCUMENT #)

5.
(CORPORATE NAME AND DOCUMENT #)

6.
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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:

DAVID MAIN, M.D., P.A.

SECOND: The document number of the corporation (if known): P17000023520

THIRD: The date dissolution was authorized: MAY 12, 2021

Effective date of dissolution if applicable: MAY 12, 2021

(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)

DAVID MAIN

(Typed or printed name of person signing)

PTSD

(Title of person signing)

Filing Fee: \$35

2021 MAY 30 PM 12:19

FILED