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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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COVER LETTER .

TO: Amendment Section Division of Corporations		
SUBJECT: DONALD W. DURRANCE,	M D., P A	
DOCUMENT NUMBER: P1800008	4590	
The enclosed Articles of Dissolution	and fee are submitted for filing.	
Please return all correspondence cond	cerning this matter to the following:	
Philip K. Clarke		
(Na	ne of Contact Person)	
Kass Shuler PA		202
	(Firm/Company)	2022 APR 19
1505 N. Florida Ave		
	(Address)	· : : : : : : : : : : : : : : : : : : :
Tampa, FL 33601		
(C	ty/State and Zip Code)	09
For further information concerning th	is matter, please call;	
Philip K. Clarke	813-229-0900 x 1305	
(Name of Contact Person)	(Area Code) (Daytime	: Telephone Number)
Enclosed is a check for the following	amount:	
■ \$35 Filing Fee □ \$43.75 Filing I Certificate of St	atus Certified Copy Certifi (Additional copy is Certifi	50 Filing Fee, cate of Status & ed Copy ional copy is ised)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	ection orporations Tallahassee oe Street, Suite 810

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(5) DONALD W. DURRANCE, M.D., P.A.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: December 1, 2021		
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)		
	(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.		
	(By a director, provident or other office) of directors or officers have not been selected, by an incorporator - if in the hands of a receiver, thirstee, or other court appointed fiduciary, by that fiduciary)		
	Donald Durrance		
	(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: DONALD W. DURRANCE, M.D., P.A.	
The above named corporation is the subject of dissolution and the effective date of	f a dissolution is:
dissolution is filed with the Department of State or as specified in the Articles of Dissoluti	_
(date filed with the Dept. if date specified in the Articles of Diss	olution)
Description of information that must be included in a claim:	
Name of and address of Claimant, statement of fact giving rise to a claim with dates of oc	currence, parties involved and
the monetary value of the claim	
Mailing address where written claims can be sent: (Claims cannot be sent to the D	pivision of Corporations)
Donald W. Durrance, M.D., P.A.	
204 Wild Timber Parkway	
Pelham, AL 35124	
Attention: Donald Durrance, President	
A claim against the above named corporation will be barred unless a proceeding to within 4 years after the filing of this notice.	o enforce the claim is commenced
Donald Durrance	
Printed Name of the Person Filing	ware of the Consum Khings

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