

P19 0000943 85

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

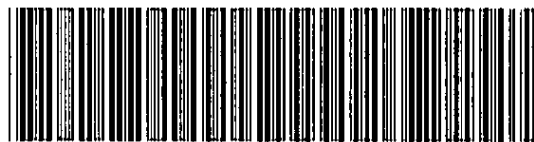
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JUL -1 PM 1:12  
CLERK

Rev. Liss

JUL 26 2021  
ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LAKE WORTH MEDICAL CLINIC CORP

**DOCUMENT NUMBER:** P19000094385

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maraisy Gonzalez

Name of Contact Person

Lake Worth Medical Clinic Corp

Firm/Company

6295 Lake Worth Rd Ste 30

Address

Greenacres

City/State and Zip Code

lakeworthclinicalcenter@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa M Smith

Name of Contact Person

At ( 561 ) 446-1979

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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  
2115 N. G St.  
Tallahassee, FL 32310

## ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is: Lake Worth Medical Clinic Corp

SECOND: The document number of the corporation (if known) is P19000094385

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

filed with the Florida Department of State is 6/27/21

**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.

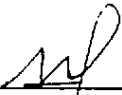
FOURTH: The Revocation of Dissolution was authorized on 06/27/2021

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors/incorporation revoked the dissolution.
- ☒ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☐ The shareholders revoked the dissolution and was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

SIXTH: A copy of the Articles of Dissolution is attached.

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)

Maraisy Gonzalez

(Typed or printed name of person signing)

President

(Title of person signing)

2021 JUL -1 PM 1:12

FILED

**FILING FEE \$35**

FILED  
Jun 27, 2021  
Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:  
LAKE WORTH MEDICAL CLINIC CORP
- SECOND: The document number of the corporation: P19000094385
- THIRD: The file date of the articles of incorporation: December 16, 2019
- 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.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MARAISY GONZALEZ

PRESIDENT

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Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative