

P20000054957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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of 6/16/2022



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TALLAHASSEE, FL 32301  
**866.625.0838**  
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Date: **June 15, 2022**

Account#: I20000000088

Name: **KEN**

Reference #: **1690213**

Entity Name: **YOUR VIRTUAL CLINIC, P.A.**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ **Dissolution/Withdrawal**

☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL  
KEN:  
518-213-0738**

Authorized Amount: **\$35.00**

Signature: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_ Your Virtual Clinic, P.A. \_\_\_\_\_

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Marc Goldsand  
\_\_\_\_\_  
(Name of Contact Person)  
\_\_\_\_\_  
Goldsand Friedberg  
\_\_\_\_\_  
(Firm/Company)  
\_\_\_\_\_  
3109 Grand Ave #225  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
Miami, FL 33133  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
Marc Goldsand  
\_\_\_\_\_  
(Name of Contact Person) at ( 305 ) 697-8006  
\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

2022 JUN 15 AM 11:26

SEAL STATE  
FILED FL

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:  
Your Virtual Clinic, P.A.

SECOND: The document number of the corporation (if known): P20000054957

THIRD: The file date of the articles of incorporation: 7/17/2020

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.

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.)

Kevin Smith

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35