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HEARTBEAT MEDICAL GROUP, P.A.

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December 21, 2022

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

HEARTBEAT MEDICAL GROUP, P.A. 156 W 56TE ST #1000 NEW YORK, NY 10019

SUBJECT: HEARTBEAT MEDICAL GROUP, P.A. REF: P21000038975

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ______ Dissolution of Heartbeat Medical Group, 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:

Dina Minegas

(Name o	of Contact Person)	-
Heartbeat Health		
(Fi	202	
156 W. 56th Street, Suite 1000		2022 DEI
(Address)	
New York, NY 10019		o AH
(City/S	tate and Zip Code)	
For further information concerning this m	natter, please call:	8: 24 9
Dina Minegas	at () 586-9908	
(Name of Contact Person)	(Area Code & Daytime Telephone Nu	mber)
Enclosed is a check for the following amo	ount:	
\$35 Filing Fee II \$43.75 Filing Fee & Certificate of Status	 \$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) Certified Copy Certified Copy (Additional copy is enclosed) 	&
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address:</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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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: Heartbeat Medical Group, P.A.	
SECOND:	The document number of the corporation (if known):	_
THIRD:	The file date of the articles of incorporation:	_
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 distribute to the shareholders, if shares were issued.	
SEVENTH:		2022 DEC 2 <i>0</i>
Sign	ature: <u>Juffry D. Utstur, M.D.</u> (By a director, president or other officer - if directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	AH 87.26
	Jeffrey D. Wessler, M.D.	

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35