9/19/22, 4:41 PM

To:

From David Thomas 11/22/02/57/0 orations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000324553 3)))



H220003245533ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Page: 2 of 4

Division of Corporations Fax Number : (850)617-6330

From:

Account Name Account Number Phone	:	C T CORPORATION FC4000000023 (954)208-0845	SYSTEM
Fax Number		(614)573-3996	



DISSOLUTION OR WITHDRAWAL COLOR MEDICAL FLORIDA, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00



Page: 3 of 4

12122023573

. .

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: COLOR MEDICAL I LORIDA, P.A.
SECOND:	The document number of the corporation (if known):
THIRD:	09/13/2022 The date dissolution was authorized:
	09/13/2022 Effective date of dissolution if applicable: (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, if the 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 liduciary, by that fiduciary)

Keegan Duchieela

(Typed or printed name of person signing)

President

(Title of person signing)

.

Page: 4 of 4

2023-02-10 08:34:23 CST

12122023573

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.

COLOR MEDICAL FLORIDA, P.A.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: ______

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

831 MITTEN ROAD

#100

BURLINGAME, CA 94010

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Keegan Duchicela

Printed Name of the Person Filing

Signature of the Person Filing

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