

To: 9/19/22 4:41 PM

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2573-02-11 08:34:23 EST

1/22/2023

From: David Thomas

P 21 000073374

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.

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FC4000000023  
Phone : (954)228-0845  
Fax Number : (614)573-3996

FILED  
2023 FEB 10 AM 8:22  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

DISSOLUTION OR WITHDRAWAL  
COLOR MEDICAL FLORIDA, P.A.

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

2023 FEB 10 AM 11:14

Electronic Filing Menu Corporate Filing Menu Help

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 FLORIDA, P.A.

SECOND: The document number of the corporation (if known): P21000073374

THIRD: The date dissolution was authorized: 09/13/2022

Effective date of dissolution if applicable: 09/13/2022
(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, 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.

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2023 FEB 10 AM 8:22
STATE OF FLORIDA
TALLAHASSEE, FL

Signature: [Handwritten 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)

Keegan Duchicela
(Typed or printed name of person signing)

President
(Title of person signing)

### 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: COLOR MEDICAL FLORIDA, P.A.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 09/13/2022

\_\_\_\_\_ (date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FILED**  
 2023 FEB 10 AM 8:22  
 TALLAHASSEE, FL  
 DIVISION OF STATE

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

831 MITTEN ROAD

#100

BERLINGAME, 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