

P21000084362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

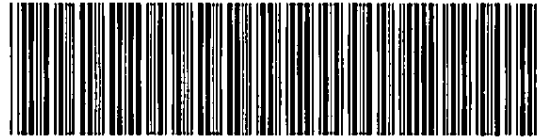
(Document Number)

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J. HORNE  
FEB 14 2022

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2022 JAN 31 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution For-Profit Corporation: UTILITY MEDICAL INC.

**DOCUMENT NUMBER:** P21000084362

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

Please return all correspondence concerning this matter to the following:

Chanda Danis  
(Name of Contact Person)

Edwards & Edwards PA  
(Firm/Company)

6620 Southpoint Dr S, Suite 200  
(Address)

Jacksonville, FL 32216  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chanda Danis at ( 904 ) 222-0829  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" 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



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: UTILITY MEDICAL INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: January 24, 2022

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

Description of information that must be included in a claim:

Party names, date action/claim/dispute accrued, whether any prior demands have been made on the Corporation, names of legal counsel involved if any, nature of dispute.

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

Utility Medical Inc  
c/o Edwards & Edwards PA  
6620 Southpoint Dr S, Suite 200  
Jacksonville, FL 32216

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.

TIMOTHY P LOUGHRAN  
Printed Name of the Person Filing

DocuSigned by:  
Timothy P. Loughran  
Signature of the Person Filing