

P23 606036888

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407)841-1200  
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DISSOLUTION OR WITHDRAWAL  
MOBILE MD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FILED  
2023 SEP 27 AM 10:36  
STATE  
HALL-STATE, FL

2023 SEP 27 PM 5:02

Electronic Filing Menu Corporate Filing Menu Help

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## 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:  
MOBILE MD, INC.

SECOND: The document number of the corporation (if known): P23000036888

THIRD: The date dissolution was authorized: September 27, 2023

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, this 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: \_\_\_\_\_

*(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.

Gustavo Arvelo, M.D.

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

Filing Fee: \$35

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**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: MOBILE MD, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_\_\_  
upon filing

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

Description of information that must be included in a claim:

Name of Claimant: \_\_\_\_\_

Address of Claimant: \_\_\_\_\_

Amount of Claim: \_\_\_\_\_

Basis of Claim: \_\_\_\_\_

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

2100 Orinoco Drive, Suite 132

Orlando, FL 32837

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.

Gustavo Arvelo, M.D.

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

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