

P240000036423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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8/30

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09/19/24--01008--003 **43.75

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2024 SEP 20 PM 10:07
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

SEP 20
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2024

TICHEY ANESTHESIA PA
EMILY TICHY
2640 FAIRMONT COVE CT
CAPE CORAL, FL 33991

SUBJECT: IMAGE-INSTITUTE FOR MEDICAL AESTHETICS AND LASER, INC
Ref. Number: P24000036423

We have received your document for IMAGE-INSTITUTE FOR MEDICAL AESTHETICS AND LASER, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 724A00017180

AUG 3 3 2024

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMAGE - Institute for Medical Aesthetics and Laser

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Emily Tichy
(Name of Contact Person)

Tichy Anesthesia, PA
(Firm/Company)

2640 Fairmont Cove Ct.
(Address)

Cape Coral, FL 33991
(City/State and Zip Code)

For further information concerning this matter, please call:

Emily Tichy at (239) 677-7067
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is 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

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:
IMAGE - Institute for Medical Aesthetics and Laser
- SECOND: The document number of the corporation (if known): P24000036423
- THIRD: The file date of the articles of incorporation: 07/18/2024
- 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 distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

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.)

Emily Tichy

(Typed or printed name of person signing)

Vice-president

(Title of Person Signing)

Filing Fee: \$35

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: IMAGE - Institute for Medical Aesthetics
and Laser

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 07/18/2024

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

Description of information that must be included in a claim:

Decided to operate as a DBA under
Tichy Anesthesia, PA rather than as a
separate corporation.

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

Emily Tichy
2640 Fairmont Lane Ct
Cape Coral, FL 33991

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.

Emily Tichy
Printed Name of the Person Filing

Emily Tichy
Signature of the Person Filing

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