

Dec 29, 2015 12:25PM
Division of Corporations

RezLegal, LLC

No. 014

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P93000036253

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

From: Account Name : REZLEGAL, LLC
Account Number : I20140000033
Phone : (904) 567-1177
Fax Number : (904) 567-1066

**DISSOLUTION OR WITHDRAWAL
MICHAEL A. FABIAN, M.D., P.A.**

Certificate of Status	0
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ARTICLES OF DISSOLUTION
FOR
MICHAEL A. FABIAN, M.D., P.A.

1. The name of the professional association as currently filed with the Florida Department of State is Michael A. Fabian, M.D., P.A. (the "Company").
2. The Articles of Incorporation were filed on May 17, 1993 and assigned document number P93000036253.
3. Dissolution of the Company was unanimously approved as of December 3, 2015 by the consent of the sole Shareholder of the Company. The number of votes cast for dissolution was sufficient for approval. Dissolution of the Company shall be effective immediately.
4. All debts, liabilities and obligations of the Company have been paid or discharged.
5. All remaining property and assets have been distributed to the Shareholders in accordance with its respective rights and interests.
6. There are no suits pending against the Company in any court.

The undersigned, being the President of the Company, hereby approves the above Articles of Dissolution this 22nd day of December, 2015.


Michael A. Fabian, M.D., President

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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: Michael A. Fabian, M.D. P.A.

Document Number of Corporation is: F93000036253.

Date of Dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a written claim:

Date of event giving rise to claim.

Nature of claim/description of event giving rise to claim.

Amount of Claim.

Name and contact information of claimant.

Copies of any written agreement or other documentation supporting claim.

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

Michael A. Fabian, M.D.
1890 LPGA Boulevard, Suite 250
Daytona Beach, Florida 32117

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.



Michael A. Fabian, M.D.