# P93000053314

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2022 APR -5 AM 10: 00 ALLANASSEE, FL 

(J-4/24/2022

### **COVER LETTER**

## **TO:** Amendment Section **Division of Corporations**

>

SUBJECT: MID FLORIDA PULMONARY ASSOCIATES, P.A.

P93000053314 DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

SABARETNAM YOGENDRA

(Name of Contact Person)

(Firm/Company)

3482 OAK KNOLL POINT

(Address)

LAKE MARY, FL 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

at (407 74/3388)(Area Code) (Daylime Telephone Number) SABARETNAM YOGENDRA (Name of Contact Person)

Enclosed is a check for the following amount:

🕅 \$35 Filing Fee 🗍 \$43.75 Filing Fee & 🗌 \$43.75 Filing Fee & 🗍 \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

enclosed)

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# FILED 2022 APR -5 AM 10: 00

#### ARTICLES OF DISSOLUTION

SECRE Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles TE

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	MID FLORIDA PULMONARY ASSOCIATES PA

P93000053314 SECOND: 

01/01/2022 The date dissolution was authorized: THIRD:

*i* .

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12/31/2021 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:

(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)

SABARETNAM YOGENDRA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35