

P93 0000 68034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

[Handwritten signature]

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$43.75

ORDER DATE : 12/21/2023

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

DOMESTIC FILINGS

NAME: *VISION 21 managed eye care of Tampa Bay, Inc.*



ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:



CERTIFIED COPY



PLAIN STAMPED COPY



CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ALEXIS WEILAND-SORENSEN

EXAMINER'S INITIALS: _____

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Tallahassee, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vision 21 Managed Eye Care of Tampa Bay, Inc.

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

Amy Lashmet, Senior Counsel

(Name of Contact Person)

MetLife, Inc.

(Firm/Company)

200 Park Avenue

(Address)

New York, NY 10166

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Lashmet, Senior Counsel

at (347-267-5496

(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

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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:

Vision 21 Managed Eye Care of Tampa Bay, Inc.

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

THIRD: The date dissolution was authorized: November 6, 2023

Effective date of dissolution if applicable: December 21, 2023

(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:

DocuSigned by:

Bruce Tavel

(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)

Bruce Tavel

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35

2023 DEC 21 AM 10:45

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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: Vision 21 Managed Eye Care of Tampa Bay, Inc.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: December 21, 2023

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

Description of information that must be included in a claim:

Name, address, contact information, language describing the claim in sufficient detail, member number and claim number, as applicable.

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

Vision 21 Managed Eye Care of Tampa Bay, Inc.

c/o Versant Health, Inc.

881 Elkridge Landing Road, Suite 300

Linthicum Heights, MD 21090

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.

Amy Lashmet, Senior Counsel

Printed Name of the Person Filing

DocuSigned by:

Amy Lashmet

Signature of the Person Filing

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