

P96 0000 42698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

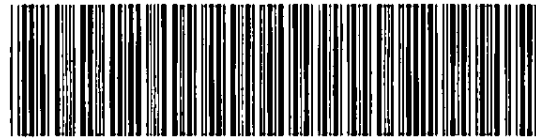
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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Notice of Corp Diss

05 MAR 21 11:11 AM -0.4 \$55.00

FILED  
2021 MAR -8 AM 10:42

MAY 17 2021

A RAMEL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Filing of Notice of Dissolution for GMS Florida West Coast, Inc.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P96000042698  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Mark Weissman, M.D.  
\_\_\_\_\_

(Name of Contact Person)

GMS Florida West Coast, Inc.  
\_\_\_\_\_

(Firm/Company)

15320 AMBERLY DR. SUITE B  
\_\_\_\_\_

(Address)

Tampa, Florida 33602  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Williams  
\_\_\_\_\_

at ( 813-367-5712

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

## Notice of Corporate Dissolution

FILED  
2021 MAR -8 AM 10:42

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: GMS Florida West Coast, Inc.

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

February 16, 2021

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

Description of information that must be included in a claim:

Name and address of claimant

Amount of Claim

Date the Claim was Incurred:

Description of the claim


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

15320 AMBERLY DR, SUITE B, TAMPA, FL 33647

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.

Mark Weissman, 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**