## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ESSENTIALS OB/GYN GROUP, P.A.

SECOND: The document number of the corporation: P96000047472

THIRD: The file date of the articles of incorporation: June 4, 1996

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.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MARSH R MCEACHRANE, MD VICE PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

## FILED Feb 13, 2020 Secretary of State

## **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.

Name of Corporation:

ESSENTIALS OB/GYN GROUP, P.A.

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 claim:

THE CORPORATION IS BEING DISSOLVED , AS IT HAS NOT BEEN AN ACTIVE CORPORATION FOR THE PAST YEAR , WITH NO INCOME, NOR DISTRIBUTIONS TO ITS DIRECTORS.

Mailing address where claims can be sent:

8880 ROYAL PALM BOULEVARD SUITE 100 CORAL SPRINGS, FL 33065

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MARSH R MCEACHRANE, MD

Electronic Signature of the Person Filing