# P98000000214

(F	Requestor's Name)	
( <i>f</i>	Address)	
( <i>p</i>	Address)	
(0	City/State/Zip/Phone #)	
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(Document Number)		
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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	•
NAME OF CORPORATION: Steward Number: P980	phin J. Cockz, MPPA
The enclosed Articles of Revocation of Dissolution	and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
OBRO Mame of Cor	ntact Person
Stephen J. C.	orez, mp Pa
_	Tress  OCH FL 32117  APR 22  Ind Zip Code  OOL CCM  Litture annual report notification)
For further information concerning this matter, please of Contact Person	
Enclosed is a check for the following amount:	, ,
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) ☐ \$62.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



RECEIVED

2022 APR 22 AM 8: 05

SEURE MAN SEE FL

March 29, 2022

DEBRA MARZ 1890 LPGA BLVD # 160 DAYTONA BEACH, FL 32117

SUBJECT: STEPHEN J. CORTEZ, M.D., P.A.

Ref. Number: P9800000214

We have received your document for STEPHEN J. CORTEZ, M.D., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check one box for the adoption of revocation of dissolution on the Fifth section. Please also enclose a copy of the articles of dissolution along with the revocation. On the first line please list the exact name recorded on our records.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley Regulatory Specialist II

Letter Number: 822A00007281

## ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST:	The name of the corporation is: <u>Stephen J. (OREZ MPPA</u>	
SECOND:	The document number of the corporation (if known) is P9800000714	
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution	
	filed with the Florida Department of State is	ʻill
FOURTH:	The Revocation of Dissolution was authorized on3   y   22	
FIFTH:	Adoption of Revocation of Dissolution (check one)	
	<ul> <li>The board of directors/incorporation revoked the dissolution.</li> <li>The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.</li> <li>The shareholders revoked the dissolution and was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.</li> </ul>	
SIXTH:	Signature  (By a director, president or other afficer - it 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 tiduciary)  Tephen or tez  (Typed or printed name of person signing)	provide the second
	(Title of person signing)	

FHANG FEE \$35

#### ARTICLES OF DISSOLUTION

Pursuant to section 607.1403. 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:

STEPHEN J. CORTEZ, M.D., P.A.

SECOND:

The document number of the corporation: P98000000214

THIRD:

The date dissolution was authorized: December 31, 2021

Effective date of dissolution: January 27, 2022

FOURTH:

Dissolution was approved by the shareholders in the manner required by this chapter

and by Articles of Incorporation.

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: STEPHEN CORTEZ

PRESIDENT

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

#### FILED Jan 27, 2022 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:

STEPHEN J. CORTEZ, M.D., 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:

RETIRED

Mailing address where claims can be sent:

1890 LPGA BV #160 ORMOND BEACH, FL 32174 UN

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: STEPHEN CORTEZ

Electronic Signature of the Person Filing