

To:

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2024-02-23 08:59:07 EST

407.244.5690

From: Orlando Office GrayRobinson

2/22/24, 2:20 PM

**P99 000010912**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From: Carrie Ramos, FRP, Paralegal - PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407)843-8880  
Fax Number : (407)244-5690

**DISSOLUTION OR WITHDRAWAL  
CHARLES F. NARDI, M.D., P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

2024 FEB 23 AM 9:22  
STATE OF FLORIDA  
TALLAHASSEE, FL

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ARTICLES OF DISSOLUTION  
OF  
CHARLES F. NARDI, M.D., P.A.  
a Florida Corporation

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution.

**FIRST:** The name of this Corporation is Charles F. Nardi, M.D., P.A.

**SECOND:** The document number of the Corporation is P99000010912.

**THIRD:** The dissolution was authorized on February 21, 2024.

**FOURTH:** The dissolution was approved by the Company's Board of Directors and by the sole shareholder of this Corporation and the number of votes cast for dissolution was sufficient for approval.

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CLERK OF CIRCUIT COURT  
TALLAHASSEE FL

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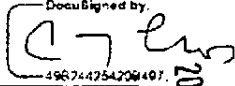
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IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution  
this 21st day of February, 2024.

CHARLES F. NARDI, M.D., P.A.,  
a Florida professional corporation

By: \_\_\_\_\_  
Charles F. Nardi, M.D., President

DocuSigned by:  
  
496744254209407  
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TALLAHASSEE, FL

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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 Section 607.1407, Florida Statutes.

NAME OF CORPORATION

Charles F. Nardi, M.D., P.A.

DATE OF DISSOLUTION

The above-named corporation is the subject of dissolution, and the effective date of dissolution is February 23, 2024.

INFORMATION THAT MUST BE INCLUDED IN CLAIM

- 1. Name of Claimant
- 2. Address of Claimant
- 3. Amount of Claim(s)
- 4. Description of facts giving rise to Claim
- 5. Claimant contact person and contact information

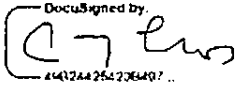
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TALLAHASSEE, FL

MAILING ADDRESS WHERE CLAIMS MAY BE SENT

7812 NW 18<sup>th</sup> Lane  
Gainesville, FL 32605

A claim against the above-named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

CHARLES F. NARDI, M.D., P.A.,  
a Florida professional corporation

By:   
Charles F. Nardi, M.D., President