

P99000026824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

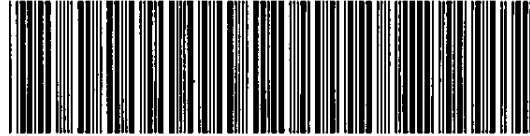
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300269603583

*done with
notice*

02/26/15--01006--004 **35.00

FILED
2015 FEB 26 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/27/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OPTIMUM PODIATRY & WOUND HEALING, P.A

DOCUMENT NUMBER: P99000026824

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

Please return all correspondence concerning this matter to the following:

ROSANA RODRIGUEZ

(Name of Contact Person)

(Firm/Company)

6 ST. JOHNS MEDICAL PARK DRIVE

(Address)

ST AUGUSTINE, FL 32086

(City/State and Zip Code)

For further information concerning this matter, please call:

ROSANA RODRIGUEZ at (904) 669-4126

(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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

2015 FEB 26 PM 12:09

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1401, 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:

OPTIMUM PODIATRY & WOUND HEALING, P.A

SECOND: The document number of the corporation (if known): P99000026824

THIRD: The file date of the articles of incorporation: 03/18/1999

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

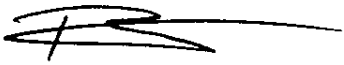
FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: 

(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.)

ROSANA RODRIGUEZ

(Typed or printed name of person signing)

DPM

/ President

(Title of Person Signing)

Filing Fee: \$35

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: OPTIMUM PODIATRY & WOUND HEALING, 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:

BANKRUPTCY

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

6 ST. JOHNS MEDICAL PARK DRIVE
ST AUGUSTINE, FL 32086

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.

ROSANA RODRIGUEZ / President

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