## P990000 66464

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## COVER LETTER

		ent Section of Corporations	*	•
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SUBJE	CCT:	O A PEREZ MD INC		
DOCU	MENT NU	P99000066464 J <b>MBER</b> :		
The enc	closed <b>Arti</b>	cles of Dissolution and	fee are submitted for filin	<u>g</u> .
Please 1	return all co	orrespondence concernin	g this matter to the follow	ving:
GUIDO	A PEREZ			
•		(Name of	Contact Person)	
GUIDO	A PEREZ M	D INC		
		(Fin	m/Company)	
2715 SW	V 137TH PL			
		(A	ddress)	
мамі.	FL 33175-60	533		
		(City/Sta	nte and Zip Code)	
For furt	her inform	ation concerning this ma	itter, please call:	
GUIDO	A PEREZ		786-295-3518 at (	
	(Name o	of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclose	ed is a chec	k for the following amou	int:	
□ \$35 1	Filing Fee		□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Ame	ling Addre Indment Secsion of Cor	ction	Amer	t Address:  idment Section ion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed with the GUIDO A PEREZ MD INC	ne Florida Department of State:		
SECOND:	The document number of the corporation (if known):			
ТНIRD:	D: The date dissolution was authorized: 08/28/2020			
	Effective date of dissolution if applicable:			
	(no mo Note: If the date inserted in this block does not meet the applic not be listed as the document's effective date on the Departmen			
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
		207.1		
		: <u>`</u>		
	$\mathcal{A}$	i 		
	$11/_{\sim}$	<b>E</b>		
S	Signature:	7		
	(By a director, president or other officer - if directors or office an incorporator - if highe hands of a receiver, trustee, or other that fiduciary)	ers have not been selected, by r court appointed fiduciary, by		
	GUIDO A PEREZ			
•	(Typed or printed name of person signing)			
	PRESIDENT			
•	(Title of person signing)			

Filing Fee: \$35