

Florida Department of State  
Division of Corporations  
Public Access System

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## To:

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

## From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
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TALLAHASSEE, FLORIDA

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## DISSOLUTION OR WITHDRAWAL

BRASINGTON &amp; NARDI, P.A.

Certificate of Status	0
Certified Copy	1
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**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 Florida Department of State:

BRASINGTON & NARDI, P.A.

SECOND: The document number of the corporation (if known): P99000108777

THIRD: The date dissolution was authorized: December 9, 2008

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

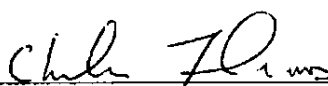
☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

N/A  
(voting group)

Signed as of the 23<sup>rd</sup> day of December, 2008

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)

Charles F. Nardi, M.D.

(Typed or printed name of person signing)

Authorized Representative

(Title of person signing)

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**H08000280302 3****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: BRASINGTON & NARDI, 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:

Name of Claimant

Address of Claimant

Amount of Claim(s)

Description of facts giving rise to claim

Claimant contact person and contact information


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

c/o 6021 NW 1<sup>st</sup> Place

Gainesville, FL 32607

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.

Charles F. Nardi, M.D., Authorized Representative  
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

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