

V21993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

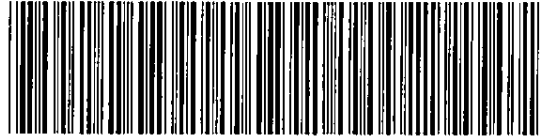
(Business Entity Name)

(Document Number)

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*[Handwritten signature]*

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dof.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

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**REQUEST DATE** 12/28/2023

**PRIORITY** Regular Approval

**OUR REF. # (Order ID#)** 1217477

**ORDER ENTITY**

UNIVERSITY PODIATRY ASSOCIATES, P.A.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

UNIVERSITY PODIATRY ASSOCIATES, P.A. (FL)

File the attached dissolution document

**NOTES:**

\$35.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

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TALLAHASSEE, FLORIDA

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** V21993

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

Please return all correspondence concerning this matter to the following:

Lauren Dabakaroff

(Name of Contact Person)

University Podiatry Associates, PA

(Firm/Company)

4601 South University Drive

(Address)

Davie, FL 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

Lauren Dabakaroff

(Name of Contact Person)

at ( 954 ) 543-2422

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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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:

University Podiatry Associates, PA

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

THIRD: The date dissolution was authorized: January 1, 2022

Effective date of dissolution if applicable: \_\_\_\_\_

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, the date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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FLORIDA DEPARTMENT OF STATE

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)

Lauren Dabakaroff

(Typed or printed name of person signing)

President / Owner

(Title of person signing)

Filing Fee: \$35