## V37939

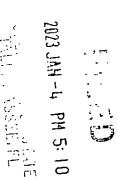
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## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** SUBJECT: JOHN A. STROBIS, M.D., P.A. V37939 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Peter S. Strobis, Esq. (Name of Contact Person) (Firm/Company) 1100 SW 16th Street (Address) Boca Raton, FL 33486 (City/State and Zip Code) For further information concerning this matter, please call: Peter Strobis (Name of Contact Person) (Area Code) (Davtime Telephone Number) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) 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



## ARTICLES OF DISSOLUTION

2023 JAN -4 PH 5: 10

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:  JOHN A. STROBIS, M.D., P.A.
SECOND:	The document number of the corporation (if known):
ТНIRD:	The date dissolution was authorized: 12/30/22
	Effective date of dissolution if applicable: 12/31/22
	(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, this 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.
	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)
	SYS B. STROBIS
	(Typed or printed name of person signing)
	PERSONAL REPRESENTATIVE

Filing Fee: \$35

(Title of person signing)