

PD5000081730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

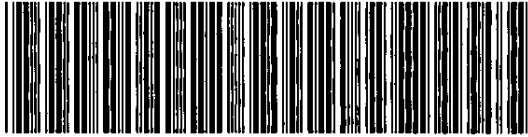
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/05/14--01013--005 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JUN -14 PM 2:59

Dissolution

JUN -6 2014

T. CARTER



RECEIVED

14 MAY 30 PM 3:10

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2014

DORRICE C DUNCON *****2ND MAILING*****
MED CODE RX, INC.
4305 PLAZA GOTA LNS. #202
JACKSONVILLW, FL 32217 US

SUBJECT: MED CODE RX, INC.
Ref. Number: P05000081730

We have received your document for MED CODE RX, INC.. However, the document has not been filed and is being returned for the following:

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 314A00008580

5/20/14

See attached payment.
dcd



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 APR 28 PM 12:32

April 22, 2014

DOORRICE C DUMCON
MED CODE RX, INC.
4305 PLAZA GOTA LNS. #202
JACK,

SUBJECT: MED CODE RX, INC.
Ref. Number: P05000081730

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 314A00008580

COVER LETTER

RECEIVED

TO: Amendment Section
Division of Corporations

14 APR 22 AM 8:25

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P05000081730

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

Please return all correspondence concerning this matter to the following:

Dorrice C. Duncan

(Name of Contact Person)

MED CODE Rx, Inc.

(Firm/Company)

4305 Plaza Gate Ln. S. #202

(Address)

JACKSONVILLE, FL. 32217

(City/State and Zip Code)

For further information concerning this matter, please call:

Dorrice C. Duncan

(Name of Contact Person)

at (904) 303-5375

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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:

Med Code Rx, Inc.

SECOND: The document number of the corporation (if known): P 05 0000 81730

THIRD: The file date of the articles of incorporation: 6/7/05

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.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JUN -4 PM 2:59

Signature: Dorrice C. Duncan

(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.)

Dorrice C. Duncan
(Typed or printed name of person signing)

President
(Title of Person Signing)

Filing Fee: \$35