P06000030059

| (Re | equestor's Name) | |
|---|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | · • #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | } |
| | | |

Office Use Only



700214243807

11/21/11--01018--007 **35.00





M 11-226

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Primus Medical Resear | rch, Inc. | |
| DOCUMENT NUMBER: P06000030 | 059 | |
| The enclosed Articles of Dissolution and fee a | re submitted for filing. | |
| Please return all correspondence concerning the | is matter to the following: | |
| Christina Harris Schwinn, E | • | |
| (Name of Con | tact Person) | |
| Pavese Law Firm (Firm/Co | ompany) | |
| 1833 Hendry Street | | |
| (Address) | | |
| Fort Myers, FL 33901 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, | please call: | |
| Christina Harris Schwinn (Name of Contact Person) | at (239) 334-2195 (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | | |
| ✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$ Certificate of Status C | 643.75 Filing Fee & S52.50 Filing Fee, Certified Copy Additional copy is Certified Copy (Additional copy is enclosed) (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 §607.1403 OF THE FLORIDA GENERAL BUSINESS CORPORATION ACTION OF PRIMUS MEDICAL RESEARCH, INC.

TO: Department of State Tallahassee, FL 32304

Filing Fee: \$35.00 Per FS §607.0122(11)

Pursuant to the provisions of Sections 607.1401 and 607.1403 of the Florida General Corporation Act, the undersigned corporation adopts the following articles of dissolution for the purpose of dissolving the corporation:

- 1. The name of the corporation is Primus Medical Research, Inc.
- 2. The date the dissolution is authorized is 24 day of August, 2011.
- 3. The names and respective addresses of the officers of the corporation are as follows:

Terese A. Taylor (P/S/T) 3046 Del Prado Boulevard Cape Coral, Florida 33905

4. The names and respective addresses of the directors of the corporation as are follows:

Terese A. Taylor (D) 3046 Del Prado Boulevard Cape Coral, Florida 33905

- 5. All debts, obligations and liabilities of the corporation have been paid or discharged or adequate provision has been made for the payment thereof.
- 6. All the property and assets of the corporation remaining after the payment of all debts, obligations, and liabilities of the corporation, have been distributed among its shareholders in accordance with their respective rights and interests.
- 7. Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against the corporation in any pending actions or proceedings.
- 8. The corporation has elected to dissolve by written consent of all shareholders pursuant to Statute 607.1402(6), which written consent has been signed by all the shareholders of the corporation. A copy of such written consent to dissolve is attached to these articles as Exhibit "A" and incorporated herein by this reference.

Dated Nov. 17, 2011

| | PRIMUS MEDICAL RESEARCH, INC. By | |
|--|---|--|
| | • • | |
| STATE OF FLORIDA) | | |
| COUNTY OF LEE) | | |
| I HEREBY CERTIFY that before me the undersigned authority, duly authorized to take acknowledgments and administer oaths personally appeared Terese A. Taylor, who is known to me to be, or who has produced as identification proving themself to be, the person who made and subscribed to the foregoing Articles of Dissolution, and who did (did not) take an oath, and certifies and acknowledges that he made and executed said certificate for the use and purposes therein expressed. | | |
| | I this 17 day of Novemba, 20 11. | |
| (Notary Seal) | Notary Public, State of | |
| Notary Public State of Florida Irene Kreutzer My Commission DD904523 | Print Name of Notary My Commission Expires: | |

88146.001 #11