P06000122308

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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06 OCT 27 PM 4: 24

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF Complare Health Management Tre. DOCUMENT NUMBER: 90600122368
DOCUMENT NUMBER: <u>RO600122368</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
(Firm/Company)
6320 Via Tierra
Roca Rahu FL 33433 (City/State and Zip Code)
For further information concerning this matter, please call:
JANGHE MOSKIN at (561) 487-3575 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\bigcup \\$35 \text{ Filing Fee \& \bigcup \\$43.75 \text{ Filing Fee \& \bigcup \\$43.75 \text{ Filing Fee \& \bigcup \\$52.50 \text{ Filing Fee,} \\ \text{Certified Copy} \\ \text{(Additional copy is enclosed)} \\ \text{Certified Copy is enclosed)} \end{array} \text{(Additional copy is enclosed)}
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Boy 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



ARTICLES OF DISSOLUTION 06 OCT 27 PM 4: 24

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:
	Complare HEALTH Management INC.
SECOND:	The document number of the corporation (if known): PO600122368
THIRD:	The file date of the articles of incorporation: $Q - 22 - 06$
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.
Sign	ature: (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.)
	Typed or printed name of person signing)
	(Title of Person Signing)

Filing Fee: \$35