

P07000025143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

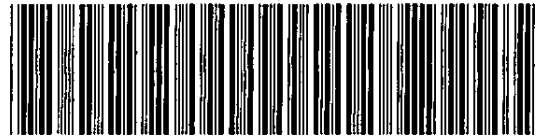
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JUL 14 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Revoc. of Diss.

● ● ● ● ● JUL 15 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HFM MEDICAL BILLING, INC.

DOCUMENT NUMBER: P07000025143

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

Please return all correspondence concerning this matter to the following:

GENER BROJAN

(Name of Contact Person)

HEALTHCARE FINANCIAL MANAGEMENT SERVICES

(Firm/Company)

111 Vollmer Ave.

(Address)

Oldsmar, FL. 34677

(City/State and Zip Code)

For further information concerning this matter, please call:

GENER BROJAN

(Name of Contact Person)

at (727) 642-7803

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee

*attached
2nd page*

\$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 REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is HFM MEDICAL BILLING, INC.

SECOND: The document number of the corporation (if known) is P07000025143


THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 03/13/2008

FOURTH: The Revocation of Dissolution was authorized on 03/13/2008

FIFTH: Adoption of Revocation of Dissolution (check one)

- The board of directors revoked the dissolution.
- The incorporators revoked the dissolution.
- The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
- The shareholders revoked the dissolution by voting groups - the number of votes cast by _____ was sufficient for approval.
(voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

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)

GENER BROJAN
(Typed or printed name of person signing)

President / CEO
(Title of person signing)

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 TALLAHASSEE, FLORIDA

FILING FEE \$35

ESM : LAZARUS

FAX NO. : 3852281448

Mar. 13 2008 04:05PM P2

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08 MAR 13 AM 11:08

H08000065837

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
HFM Medical Billing, Inc.

SECOND: The document number of the corporation (if known): P07000025143

THIRD: The date dissolution was authorized: 03-13-08

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: Victoria E. Giraldo
(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)

Victoria E. Giraldo
(Typed or printed name of person signing)

Vice-President
(Title of person signing)

Filing Fee: \$35

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