

P93000056943

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

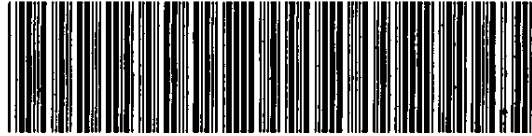
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JUN 25 PM 2:15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ACTION BEST MEDICAL SUPPLIES, INC.

**DOCUMENT NUMBER:** P93000056943

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

Please return all correspondence concerning this matter to the following:

RAMON REYES

(Name of Contact Person)

(Firm/Company)

5035 PALM AVE.

(Address)

HIALEAH, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

RAMON REYES

(Name of Contact Person)

at ( 305 ) 822-0669

(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 607.1403, 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:

ACTION BEST MEDICAL SUPPLIES, INC.

SECOND: The document number of the corporation (if known): P93000056943

THIRD: The date dissolution was authorized: 6/22/07

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

FOURTH: Adoption of Dissolution (CHECK ONE)

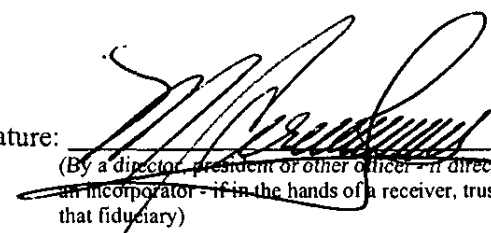
- Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- Dissolution was approved by the shareholders through voting groups.

*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: 

(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)

**MARIA T. HERNANDEZ**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35**

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