

P060000037168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

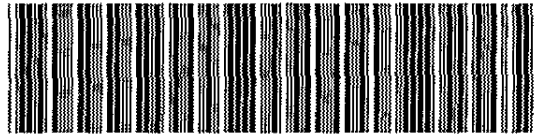
(Document Number)

Certified Copies _____

Certificates of Status _____

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01/09/07--01012--019 **35.00

RECEIVED
07 JAN -9 AM 11:01
DIVISIONS
TALLAHASSEE, FLORIDA

FILED
2007 JAN -9 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PR
1/9/07

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. FLORIDA MEDICAL CENTER CORP
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

☒ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

2007 JAN -9 PM 1:08

SECRETARY OF STATE
TREASURER OF FLORIDA
Department of State

FIRST: The name of the corporation as currently filed with the Florida Department of State
Floni Medical Center Co.

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

THIRD: The date dissolution was authorized: 01-08-07

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)

Carlos G. Alderegoia

(Typed or printed name of person signing)

president

(Title of person signing)

Filing Fee: \$35