

FROM: LAZARUS
via: Corporations

FORM NO. 305/201/40

May 21 2007 3:43PM P1

PO2000110991

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000138112 3)))



H070001381123ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FILED
07 MAY 21 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
07 MAY 21 AM 8:00
DIVISION OF CORPORATIONS

DISSOLUTION OR WITHDRAWAL

A & S MEDICAL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

C. Ouellette MAY 22 2007

H 07000 138112

ARTICLES OF DISSOLUTION

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:

AES Medical Services, Inc.

SECOND: The document number of the corporation (if known): 02000110991

THIRD: The file date of the articles of incorporation: 10/15/2002

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

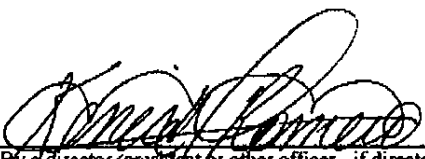
FIFTH: No debt of the corporation remains unpaid.

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.

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.)

Kenia M. Romero
(Typed or printed name of person signing)

President
(Title of Person Signing)

Filing Fee: \$35

H 07000 138112

FILED
07 MAY 21 AM 10:21
SECRETARY OF STATE
HALL COUNTY, FLORIDA