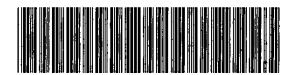
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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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COVER 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 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: \$35 Filing Fee \$\infty\$\$43.75 Filing Fee & \$\infty\$\$\$\$\$\$[\sqrt{\$43.75}\$ Filing Fee & \$\infty\$ Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 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 f	ile date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution	
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	titled	
	The number of votes cast for dissolution was sufficient for approval by		
		.SE	
	(voting group)	SECRETARY OF STAN	
•		RY OF	
	Miller Same	H 2:	
;	Signature: (By a director, president or other officer - it 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)	15	
	✓ MARIA T. HERNANDEZ		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35