## A09000063280

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,

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C.COULLIETTE
Feb-2, 2010
EXAMINER

## **COVER LETTER**

Division of Corporations
SUBJECT: Quick Care med, PA
DOCUMENT NUMBER: Po 9000063280
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DACELIN St. MARTIN (Name of Contact Person)
Guik CARE Med, P4 (Firm/Company)
1980 ProsPect Avanue (Address)
LECAZIO, FL 34460
(City/State and Zip Code)
For further information concerning this matter, please call:
DACE/IN ST. MARTHIN at (352) S27 6888  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigsquare \\$43.75 Filing Fee & \$\Bigsquare \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)  \$\Bigsquare \\$35 Filing Fee & \$\Bigsquare \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301



January 5, 2010

DACELIN ST MARTIN QUICK CARE MED, PA 1980 PROSPECT AVE LECANTO, FL 34460

SUBJECT: QUICK CARE MED, PA Ref. Number: P09000063280

We have received your document for QUICK CARE MED, PA and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 410A00000129

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## 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:
	Quick Care med, PA
SECOND:	The document number of the corporation (if known): Po 9000 63280
THIRD:	The date dissolution was authorized: $\frac{12/29/09}{12/29/09}$
	Effective date of dissolution if applicable: 12/29/09 (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
	N/A)
	(voting group)
Sio	Signature:
	(By a director, president or other officer - if directors or officers have not been selected, or an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by
	that fiduciary)
	DACELIN ST. MARTIN
	(Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35