

642342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

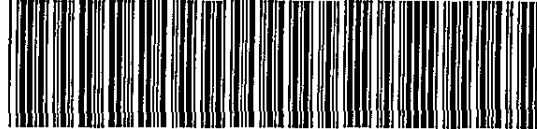
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution
Jm
2/24/04

GARY T. CARR

ATTORNEY AT LAW

POST OFFICE BOX 3030

ST. LOUIS, MISSOURI 63130

(314) 725-6464

CELLULAR: (314) 614-6644

FACSIMILE: (314) 725-6868

February 17, 2004

Amendment Section
Florida Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Dissolution of Magnolia Medical Services, Inc., #642342

Ladies & Gentlemen:

I represent Magnolia Medical Services, Inc. and its director and officer. Enclosed please find a form transmittal letter, articles of dissolution, and my check for \$43.75 as the fee for filing the articles and for a certificate of status.

Please telephone if there are questions.

Yours truly,

A handwritten signature in black ink, appearing to read 'G. Carr', followed by a long horizontal line extending to the right.

Gary T. Carr

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Magnolia Medical Services, Inc.

DOCUMENT NUMBER: 642342

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

Please return all correspondence concerning this matter to the following:

Gary T. Carr

(Name of Person)

Gary T. Carr, Attorney at Law

(Name of Firm/Company)

P. O. Box 3030

(Address)

St. Louis, MO 63130

(City/State/and Zip Code)

For further information concerning this matter, please call:

Gary T. Carr

(Name of Person)

at (314) 725-6464

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

Magnolia Medical Services, Inc.

SECOND: The document number of the corporation (if known): 642342

THIRD: The date dissolution was authorized: 31 December 2003

Effective date of dissolution if applicable: 31 December 2003

(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 of 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)

x Signed this 3rd day of February, 2004.

x Signature: Sally Burgess
(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)

Sally Burgess

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA