

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

*Attn: Karen Gibson
950-245-6897*

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REVOCATION OF DISSOLUTION
SUNBELT MEDICAL SUPPLY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

10 MAR 30 PM 2:34
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Revocation
3/30

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Sunbelt Medical Supply, Inc.

DOCUMENT NUMBER: H41886

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

Please return all correspondence concerning this matter to the following:

Justin Perry
Name of Contact Person

Bound Tree Medical, LLC
Firm/Company

5000 Tuttle Crossing Blvd.
Address

Dublin, OH 43016
City/State and Zip Code

Justin.Perry@sarnova.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Perry at (614) 760-5017
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is Sunbelt Medical Supply, Inc.

SECOND: The document number of the corporation (if known) is H41886

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 1/12/2010

FOURTH: The Revocation of Dissolution was authorized on 3/30/2010

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors revoked the dissolution.
- ☐ The incorporators revoked the dissolution.
- ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☒ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
- ☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by _____ was sufficient for approval.
(voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

Signature

Mark J. Dougherty
(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)

Mark J. Dougherty

(Typed or printed name of person signing)

Treasurer and Secretary

(Title of person signing)

FILING FEE \$35

FILED
10 MAR 30 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Sunbelt Medical Supply, Inc.

SECOND: The document number of the corporation (if known): H41886

THIRD: The date dissolution was authorized: 2/28/2008

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 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)

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)

Mark Dougherty

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
JAN 12 AM 11:55 PM 2008

10 JAN 12 PM 12:07

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