

JO1545

Grant Medical Transportation

Requester's Name

P.O. Box 2444

Address

Port Charlotte, FL 33949

City/State/Zip

Phone #

100005307551--0

-04/19/02--01011--015

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☒ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
02 APR 18 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FL 32301

4/22/02

Examiner's Initials *J. Lewis*

ARTICLES OF DISSOLUTION

FILED
02 APR 18 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Wheelchair TRANSPORTATION
SERVICE OF VENICE, INC.

SECOND: The date dissolution was authorized: 4-10-02

THIRD: 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 vote 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)

Signed this 12th day of April, 2002

Signature

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Michael J. Grant

(Typed or printed name)

Pres.

(Title)