

K72341

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000337612 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

RECEIVED

03 DEC 17 PM 12:12

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 17 PM 3:35

FILED

DISSOLUTION

IMPLA-MED INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing

Public Access Help

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:

IMPLA-MED INCORPORATED

SECOND: The document number of the corporation (if known): K72341

THIRD: The date dissolution was authorized: December 15, 2003

Effective date of dissolution if applicable: Upon filing of Articles of Dissolution
(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)

Signed this 16th day of December, 2003

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)

Jo Ellen Ojeda

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35

03 DEC 17 PM 3:35
FILED
TALLAHASSEE FLORIDA
SECRETARY OF STATE