

# LO20 000 2009-7

*Extreme-Medical, LLC*

7900 Nova Drive  
Suite 208  
Davie, Florida 33324  
Tel: (954) 670-0779  
Fax: (954) 670-0786

August 13, 2002

300007167763--4  
-08/16/02--01049--001  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find the Articles of Dissolution for a Florida Limited Liability Company form completed and a money order in the amount of \$25.00 for the filing fee.

Please mail the letter of acknowledgment to the above address. Should you have any questions, I can be reached @ (954) 670-0779.

Sincerely,



David Pasternak  
Vice President

Enc.

APPROVED  
AND  
FILED  
02 AUG 16 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8-19-02

**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is Extreme-Medical, LLC

2. The effective date of the limited liability company's dissolution is 8/13/02

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to  
Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Change of Status to C-Corporation

**4. CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their  
respective rights and interests.

**6. CHECK ONE:**

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may  
be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the  
dissolution:

Signature

Typed or Printed name

[Signature]

DP

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**Filing Fee: \$25.00**