## 191536

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800129442548

05/15/08--01029--006 \*\*43.75

FILED

08 MAY 15 AM 9: 44

SECRETARY OF STATE

4 5 1 2 3 or

## **COVER LETTER**

Division of Corporations				
SUBJECT: Dissolution of Mobi	le Radiology	and EKG Servi	ce, lı	nc.
DOCUMENT NUMBER: L91536			<u>_</u>	
The enclosed Articles of Dissolution and f	ee are submitted for	filing.		
Please return all correspondence concerning	g this matter to the f	ollowing:		
Emil C. Marquardt, Jr., Esq				
(Name of	Contact Person)	Ë	년 <b>급</b>	<b>&gt;</b> .
Macfarlane Ferguson & Mc	Mullen	<u> </u>	E E	
	n/Company)	SA SA	E 25	Ē
625 Court St, Ste. 202		رن نقل	Y A	: r
	ddress)		<u></u>	C
Clearwater, FL 33756	, 	<u>න</u> න		
(City/Sta	te and Zip Code)			
For further information concerning this ma	tter, please call:			
Emil C. Marquardt, Jr., Esq			- Nr1	
(Name of Contact Person)	(Area Co	ode & Daytime Telephone	3 Numo	егу
Enclosed is a check for the following amou	ınt:			
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	ce & \$\sumsymbol{\sumsymbol{\subsymbol{\symbol{\subsymbol{\subsymbol{\symbol{\subsymbol{\subsymbol{\subsymbol{\sin}\symbol{\sin}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	tus &	
MAILING ADDRESS:		STREET ADDRESS:		
Amendment Section		Amendment Section		

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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: Mobile Radiology and EKG Service, Inc. SECOND: The document number of the corporation (if known):\_\_\_ The date dissolution was authorized: May 1, 2008 THIRD: 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 the shareholders through voting groups. The following statement must be separately provided for each voting group; 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 difector, 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) Gwen M. Belt (Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)

President