

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6390

From:

Account Name : WATSON SLOANE JOHNSON PLLC.
Account Number : 120150000117
Phone : (407) 622-6751
Fax Number : (866) 440-1211

FILED
19 MAY 16 AM 8:45
TALLAHASSEE, FLORIDA

RECEIVED

2019 MAY 16 PM 5:00

TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL
IN NEED OF DIAGNOSIS, INC.**

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

MAY 17 2019

S. YOUNG

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Help

ARTICLES OF DISSOLUTION
OF
IN NEED OF DIAGNOSIS, INC.

THESE ARTICLES OF DISSOLUTION (these "Articles") of IN NEED OF DIAGNOSIS, INC., a Florida not-for-profit corporation (the "Corporation"), are submitted to the Florida Department of State for the purpose of dissolving the Corporation, in accordance with Section 617.1403 of the Florida Business Corporation Act (the "Act").

1. The name of the corporation dissolved pursuant to these Articles is: IN NEED OF DIAGNOSIS, INC., a Florida not-for-profit corporation.

2. The document number of the Corporation is: N06000001951.

3. The Effective Date of the dissolution of the Corporation shall be April 30th, 2019.

4. The Corporation has no members or members entitled to vote on the dissolution.

5. The date of adoption of the resolution by the board of directors was April 30, 2019.

6. The number of directors in office was five (5) and the vote for resolution was five (5) for and zero (0) against.

7. The name and address of the person appointed to wind up the Corporation's activities and affairs is as follows:

August Genetti, Jr.
P.O. Box 536456
Orlando, FL 32853

IN WITNESS WHEREOF, the Corporation has submitted these Articles effective as of the Effective Date.

IN NEED OF DIAGNOSIS, INC.

By: August Genetti, Jr.

August Genetti, Jr., Administrator

FILED
19 MAY 16 AM 8:46
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: In Need of Diagnosis, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

Name, address, and telephone number of claimant.

Date of claim.

Amount of claim.

Description of claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

P.O. Box 536456

Orlando, Florida 32853

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

AUGUST GENETIJA
Printed Name of the Person Filing

August H. Genetija
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately: \$35.00