	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
1	(Business Entity Name)
(Document Number)	
	, , , , , , , , , , , , , , , , , , ,
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Special Instructions	to Filing Officer:
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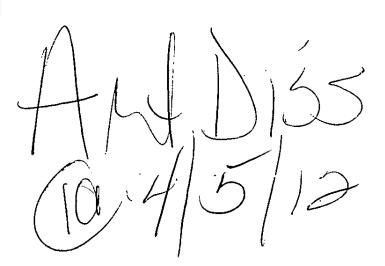
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2012

BARBARA RUIZ-GONZALESZ RUIZ-GONZALEZ & ASSOCIATES, PA 201 S. BISCAYNE BLVD - 28TH FLOOR MIAMI, FL 33131

SUBJECT: SALVADORAN AMERICAN MEDICAL SOCIETY, INC.

Ref. Number: N11000009043

We have received your document for SALVADORAN AMERICAN MEDICAL SOCIETY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 712A00009846

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	SALVADORAN AMERICAN MEDICAL SOCIETY, INC.
SECOND:	The document number of the corporation (if known): N11000009043
THIRD:	The file date of the articles of incorporation: 9/26/2011
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)
	☐ The dissolution was authorized by a majority of the directors: OR ☐ The dissolution was authorized by an incorporator. ☐ The dissolution was authorized by a majority of the incorporators.
	✓ The dissolution was authorized by an incorporator.
	 ☑ The dissolution was authorized by an incorporator. ☐ The dissolution was authorized by a majority of the incorporators.
Sign	ature:
	(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	FRANCISCO MEDINA
	(Typed or printed name of person signing)
	PRESIDENT/INCORPORATOR
	(Title of person signing)

Filing Fee: \$35