

N22543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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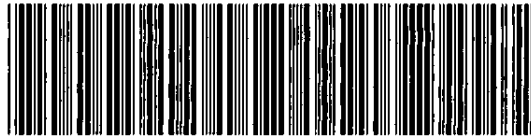
(Business Entity Name)

(Document Number)

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10 JAN 11 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts JAN 13 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION

**DOCUMENT NUMBER:** N22543

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA S. ABBEY  
(Name of Contact Person)  
FLORIDA SOCIETY FOR MEDICAL TECHNOLOGY  
(Firm/Company)  
8299 139 ST. NO  
(Address)  
SEMINOLE FLA 33776  
(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA ABBEY at (727) 392-1187  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION**

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TALLAHASSEE, FLORIDA

Pursuant to section 617.1403, 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:

Florida Society For Medical Technology, INC.

SECOND: The document number of the corporation (if known): N 22543

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

**SECTION I**

**If the corporation has members entitled to vote:**

(CHECK/COMPLETE ONE)

☒ The date of the meeting of members at which the resolution to dissolve was adopted  
9-26-09 The number of votes cast by the  
members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in  
accordance with section 617.0701, Florida Statutes.

**SECTION II**

**If the corporation has no members or members entitled to vote on the dissolution:**

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

The date of adoption of the resolution by the board of directors was \_\_\_\_\_

The number of directors in office was \_\_\_\_\_ and the vote for resolution was

\_\_\_\_\_ for and \_\_\_\_\_ against. (must be a majority vote)

FOURTH:

Effective date of dissolution if applicable: 9-26-09

(no more than 90 days after dissolution file date)

Signature

Alice C. Putman

(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.)

Alice C. Putman

(Typed or printed name of the person signing)

President

(Title of person signing)

**FILING FEE: \$35**