

P00000001388

(Requestor's Name)

MCFI

Medical Claims Of Florida, Inc.
P.O. Box 232
Goldenrod, FL 32733

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

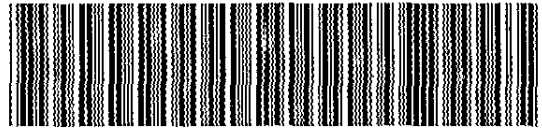
(Business Entity Name)

(Document Number)

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09/09/03
DL

Medical Claims of Florida, Inc.

744 Cornwall Road, Winter Park, FL 32792 (407) 657-0857

August 26, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

The effective date of dissolution for Medical Claims of Florida, Inc. was December 31, 2002.

Thank you,

A handwritten signature in cursive script, appearing to read "Brewier Welch".

Brewier Welch
President

Enclosure

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 is: Medical Claims of Florida, Inc.

SECOND: The date dissolution was authorized: 12/31/02

THIRD: 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 vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 26th day of August, 2003.

Signature Brewier Welch
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Brewier Welch
(Typed or printed name)

President
(Title)

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