

PXXXXX 13453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

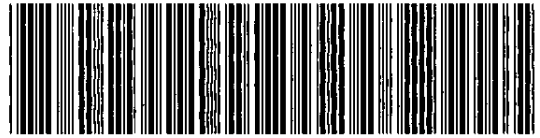
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2009 APR -3 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D.S.S.
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRI-COUNTY MRI, INC
(Name of Corporation)

DOCUMENT NUMBER: P00000013453

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

BRUCE A. SCIOTTO
(Name of Person)

TRI-COUNTY MRI ,INC
(Firm/Company)

P.O.BOX 3599
(Address)

MATTHEWS, NC 28106
(City/State and Zip code)

For further information concerning this matter, please call:

BRUCE A. SCIOTTO at (704) 882-9399
(Name of Person) (Area Code & Daytime Telephone Number)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2009

BRUCE A. SCIOTTO
TRI-COUNTY MARI, INC.
POST OFFICE BOX 3599
MATTHEWS, NC 28106

SUBJECT: TRI-COUNTY MARI, INC.
Ref. Number: P00000013453

We have received your document for TRI-COUNTY MARI, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A withdrawal application to withdraw the authority of a foreign corporation has been submitted in error. Articles of Dissolution must be filed to voluntarily dissolve a Florida corporation.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 109A00010407

RECEIVED

2009 APR -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

TRI-COUNTY MRI, INC

SECOND: The document number of the corporation (if known): P00000013453

THIRD: The file date of the articles of incorporation: FEB 3, 2000

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: _____

(By a director, 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.)

BRUCE A. SCIOTTO

(Typed or printed name of person signing)

SECRETARY/TREASURER

(Title of Person Signing)

2009 APR -3 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$35