

P000000025716

8527 Pines Blvd, Ste 201
Pembroke Pines, FL 33024

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

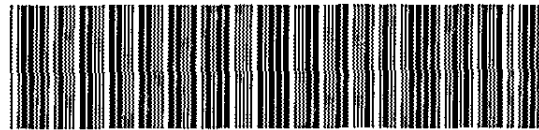
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/13/02--01093--002 **35.00

FILED
02 DEC 13 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art Dico
(1a) 12/31/02

The enclosed document is to inform all concerned that Managed Care Claim Services has ceased operation and is no longer conducting business.

Enclosed is the filling fee of 35.00 dollars

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02 DEC 13 PM 2:00
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TALLAHASSEE, FLORIDA

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: MANAGED CARE CLAIMS ~~SERVICES~~
SERVICES, INC.

SECOND: The date dissolution was authorized: 12/2/02

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

66% OF VOTING SHARES
(voting group)

Signed this 4TH day of DECEMBER, 2002

Signature


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

RICHARD LEOW

(Typed or printed name)

SECRETARY

(Title)

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TALLAHASSEE, FLORIDA