

P000000 33013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

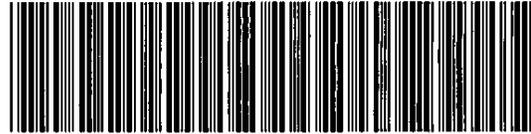
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/07/07--01001--023 **35.00

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07 SEP - 7 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOLDIS W NOTICE
CAG
9/7



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2007

ROSE ARDUINO **2ND MAILING
TLC MEDICAL SUPPLIES, INC.
1 SEXTON WAY
KEY LARGO, FL 33037

SUBJECT: TLC MEDICAL SUPPLIES, INC.
Ref. Number: P00000033013

We have received your document for TLC MEDICAL SUPPLIES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

The current name of the entity is as referenced above. Please correct your document accordingly.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 007A00047418

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 SEP - 7 AM 8:00

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2007

ROSE ARDUINO
TLC MEDICAL SUPPLIES, INC.
5121 SW 90TH AVENUE, SUITE 4
COOPER CITY, FL 33328

SUBJECT: TLC MEDICAL SUPPLIES, INC.
Ref. Number: P00000033013

We have received your document for TLC MEDICAL SUPPLIES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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Karen Gibson
Document Specialist Supervisor

Letter Number: 007A00047418

RECEIVED
07 AUG - 8 AM 8:00
DIVISION OF CORPORATIONS

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 as currently filed with the Florida Department of State:

TLC Medical Supplies

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

THIRD: The date dissolution was authorized: 8/20/06

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: 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 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

100
(voting group)

Signature: Rose C. Arduino
(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)

ROSE C. ARDUINO
(Typed or printed name of person signing)

Pres.
(Title of person signing)

07-SEP -7 PM 1:36
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: TLC Medical Supplies

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

August 20th of 2006 company dissolved

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

5121-SW 90th Ave Suite #4
Cooper City FL 33328

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Rose Arduino
Printed Name of the Person Filing

Rose C. Arduino
Signature of the Person Filing