

P00000069214

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06 MAY -3 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Claims Billing Service of America, Inc.

DOCUMENT NUMBER: P00000069214

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

Please return all correspondence concerning this matter to the following:

JO-ELLA NAGY

(Name of Contact Person)

MEDICAL CLAIMS BILLING OF AMERICA, INC.

(Firm/Company)

552 JUAN ANASCO DRIVE

(Address)

LONGBOAT KEY FL 34228

(City/State and Zip Code)

For further information concerning this matter, please call:

JO-ELLA NAGY at (941) 387-9890

(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

FILED
06 MAY -3 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
Medical Claims Billing Service of America, Inc.

SECOND: The document number of the corporation (if known): P00000069214

THIRD: The date dissolution was authorized: 12/31/05
Effective date of dissolution if applicable: 12/31/05
(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

Medical Claims Billing, Jo-Ella Nagy
(voting group)

Signature:

Jo-Ella Nagy
(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)

Jo-ELLA NAGY
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35