## P000000095683

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: SUPERIOR MEDICAL BILLING INC
DOCUMENT NUMBER: P00000095683
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SHEYLAH MOLA
(Name of Contact Person)
SUPERIOR MEDICAL BILLING INC
(Firm/Company)
3382 SW 153 PLACE
(Address)
MIAMI, FL 33185
(City/State and Zip Code)
For further information concerning this matter, please call:
SHEYLAH MOLA at ( 786 ) 281-2588
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \( \subseteq \)\$43.75 Filing Fee \( \subseteq \)\$ Certificate of Status \( \text{Certified Copy} \) (Additional copy is enclosed) \( \subseteq \text{Certified Copy} \) (Additional copy is enclosed)
MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  STREET ADDRESS:  Amendment Section  Division of Corporations  Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## 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:	
	SUPERIOR MEDICAL BILLING INC	
SECOND:	The document number of the corporation (if known): P00000095683 F.S.  The file date of the articles of incorporation: 10/09/2000	
THIRD:	The file date of the articles of incorporation: 10/09/2000	
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, desident 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)	
	SHEYLAH MOLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of Person Signing)	

Filing Fee: \$35