

P00000097682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

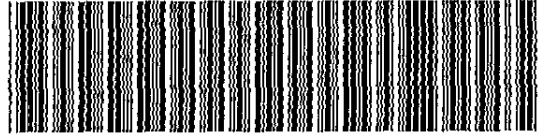
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100022249201

08/15/03--01013--011 \*\*35.00

W03000023295

RECEIVED  
03 AUG 15 AM 10:44  
STATE DEPT. OF CORP.  
DIVISION OF CORP.  
TALLAHASSEE, FLORIDA

FILED  
2003 AUG 18 PM 4:33  
STATE DEPT. OF CORP.  
DIVISION OF CORP.  
TALLAHASSEE, FLORIDA

C. Coulliette AUG 18 2003

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HEALTH QUEST MEDICAL PARTNERSHIP INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 15, 2003

LAZARUS

TALLAHASSEE, FL

SUBJECT: HEALTHQUEST MEDICAL PARTNERSHIP INC.  
Ref. Number: W03000023295

We have received your document for HEALTHQUEST MEDICAL PARTNERSHIP INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Our records show no entity by this name.

You will need to check only one box on your application, you have both boxes checked..

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) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 703A00046541

RECEIVED  
03 AUG 18 PM 3:23  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED  
2003 AUG 18 PM 4:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: HEALTHWEST MEDICAL  
PARTNERSHIP, Inc.

SECOND: The date dissolution was authorized: 8/12/3

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% - 2 votes.  
(voting group)

Signed this 12 day of August, 2003

Signature

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

ARNALDO CARMOUZE

JULIO LOPEZ

(Typed or printed name)

Sec. / Treasurer

President

(Title)