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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : FAS-T CORP. AGENTS, INC.
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DISSOLUTION

PERFECT CARE DOCTOR'S OFFICE CORP.

Certificate of Status	0
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(2)

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: _____
 PERFECT CARE DOCTOR'S OFFICE CORP.

SECOND: The date dissolution was authorized: 01-21-02

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

 (voting group)

Signed this 21 th. day of January 2002

Signature



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

YOLANDA L. COLLADA

(Typed or printed name)

DIRECTOR/PRESIDENT, SECRETARY & TREASURER

(Title)

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