

P01000023270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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05 MAY -4 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/6
NA, ISSUE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANA MEDICAL SERVICES, INC.

DOCUMENT NUMBER: P01000023270

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

Please return all correspondence concerning this matter to the following:

ALEXSANDR SHAIDENFISH

(Name of Person)

ANA MEDICAL SERVICES, INC.

(Name of Firm/Company)

17150 COLLINS AVENUE, SUITE 101-314

(Address)

SUNNY ISLES BEACH, FL 33160

(City/State/and Zip Code)

For further information concerning this matter, please call:

ALEXSANDR SHAIDENFISH

(Name of Person)

at (305) 893-8889

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

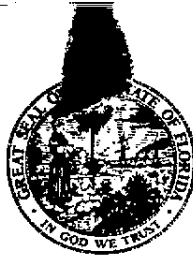
- ☒ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 13, 2005

ANA MEDICAL SERVICES, INC.
% ALEXSANDR SHAIDENFISH
17150 COLLINS AVE., STE 101-314
SUNNY ISLES BEACH, FL 33160

SUBJECT: ANA MEDICAL SERVICES, INC.
Ref. Number: P01000023270

We have received your document for ANA MEDICAL SERVICES, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

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) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 705A00025340

RECEIVED
05 MAY -4 AM 10:13
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:

ANA MEDICAL SERVICES, INC.

SECOND: The document number of the corporation (if known): P01000023270

THIRD: The date dissolution was authorized: 03/28/2005

Effective date of dissolution if applicable: 03/28/2005

(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 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 28 day of MARCH, 2005.

Signature: _____

(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)

ALEXSANDR SHAIDENFISH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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05 MAY -4 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA