

PO1000041600

BASIC ACCOUNTING SERVICES INC

Requestor's Name  
692 W. 29 St. Ste #9

Address  
Hialeah Florida 33012

City State Zip  
305 887 4185

Phone#

CORPORATION NAME

300004588703--8

-09/14/01--01057--020

\*\*\*\*\*35.00 \*\*\*\*\*35.00

EXCELLENT CARE Medical Corp

( ) PROFIT CORPORATION ( ) NON PROFIT CORPORATION

( ) LIMITED PARTNERSHIP ( ) ANNUAL REPORT ( ) RESERVATION

( ) REINSTATEMENT

(X) OTHER

Dissolution

( ) CERTIFIED COPY ( ) PHOTO COPIES ( ) CERTIFICATE UNDER SEAL

( ) WALK IN ( ) WILL WAIT ( ) MAIL OUT ( ) CALL ( ) AFTER 30

Name  
Availability

Document  
Examiner

Updater

Updater  
Verifier

Acknowledgment

W.P. Verifier

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W/Ldis  
T. LEWIS SEP 18 2001

## 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: \_\_\_\_\_

EXCELLENT CARE MEDICAL CORP.

SECOND: The date dissolution was authorized: 08-31-01

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.

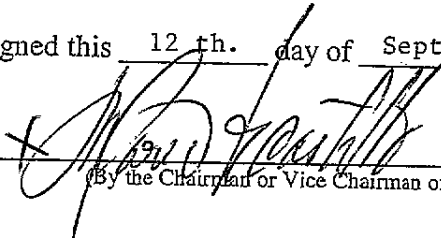
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signed this 12<sup>th</sup> day of September, 2001

Signature



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

MARIO R. CASTILLO

\_\_\_\_\_  
(Typed or printed name)

DIRECTOR/PRESIDENT, SECRETARY & TREASURER

\_\_\_\_\_  
(Title)

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