P01000057619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Voids By Notice
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P01000057619

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

Please return all correspondence concerning this matter to the following:

Peggy Belyeu
(Name of Person)

PMJ Healthcare Consulting, Inc.
(Name of Firm/Company)

3316 Greens Mill Road
(Address)

Spring Hill, TN 37174
(City/State/and Zip Code)

For further information concerning this matter, please call:

Peggy Belyeu at (931) 489-1060
(Name of Person) (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

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04 JUN 28 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Department of State:

PMJ Healthcare Consulting, Inc.

SECOND: The document number of the corporation (if known): P01000057619

THIRD: The date dissolution was authorized: June 1, 2004

Effective date of dissolution if applicable: June 30, 2004
(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 22 day of June, 2004.

Signature: Peggy Belyeu
(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)

PEGGY BELYEU
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)

Filing Fee: $35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "***Notice of Corporate Dissolution***" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: PMJ Healthcare Consulting, Inc

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the ***Articles of Dissolution***.

Description of information that must be included in a claim:

Description of claim
Amount of claim
Date claim incurred
Claim Remedy

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

PMJ Healthcare Consulting, Inc
P.O. Box 1818
Spring Hill, TN 37174

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

PEGGY BEHLEN
Printed Name of the Person Filing

Peggy Behlen
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately $35.00