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## **COVER LETTER**

Division of Corporations
SUBJECT: Medical Education and Consulting Inc
DOCUMENT NUMBER: POIDDO074068
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James E Hill (Name of Contact Person)
(Firm/Company) 18630 US HWU 278
18630 US HUY 218 (Address)  Lake Wales FL 33853 (City/State and Zip Code)
For further information concerning this matter, please call:
Tames E Hill at (863) 221-1598 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\text{S43.75 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (Additional copy is enclosed)\$\$ Certified Copy (Additional copy is enclosed)\$\$ (Additional copy is enclosed)\$\$
MAILING ADDRESS: STREET ADDRESS:

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

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: The document number of the corporation (if known):  $\mathcal{V}$ SECOND: THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II) SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE) The date of meeting of members at which the resolution to dissolve was adopted \_. The number of votes cast by the members was sufficient for The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes. SECTION II If the corporation has no members or members entitled to vote on the dissolution: The corporation has no members or members entitled to vote on the dissolution. The date of adoption of the resolution by the board of directors was The number of directors in office was \_\_\_\_\_ and the vote for resolution was \_\_\_\_ for and against. (Must be a majority vote) Effective date of dissolution, if applicable: **FOURTH** Signature: (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by (hat fiduciary)

(Title of person signing)

Filing Fee: \$35

Typed or printed name of person signing)