

PD1000075446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000238192380

08/08/12--01005--013 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 13 PM 2:41

Diss.

SEP 14 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corpoation

DOCUMENT NUMBER: P0100075446

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

Please return all correspondence concerning this matter to the following:

Susan Samlaska

(Name of Contact Person)

MEDTEST REVIEW SERVICES, INC

(Firm/Company)

5940 Pelican Bay Plaza, # 301

(Address)

Gulfport, FL 33707

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Samlaska

(Name of Contact Person)

at (727) 215-2218

(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, FL 32314

STREET ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2012

SUSAN SAMLASKA
MEDTEST REVIEW SERVICES, INC.
5940 PELICAN BAY PLAZA #301
GULFPORT, FL 33707

SUBJECT: MEDTEST REVIEW SERVICES, INC.
Ref. Number: P01000075446

We have received your document for MEDTEST REVIEW SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6050.

Teresa Brown
Regulatory Specialist II

Letter Number: 512A00020991

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:

MEDTEST REVIEW SERVICES, INC.

SECOND: The document number of the corporation (if known): PO1000075446

THIRD: The date dissolution was authorized: Dec 30, 2011

Effective date of dissolution if applicable: _____
(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 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)

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)

SUSAN SAMLAKEA

(Typed or printed name of person signing)

PRES.

(Title of person signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 SEP 13 PM 2:41

Filing Fee: \$35