

P01000086014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

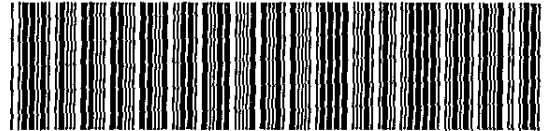
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800025365738

12/16/03--01002--015 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 DEC 16 AM 10:25

FILED

P01000086014  
FL Diss of add discorp  
12-16-03 AM

## ARTICLES OF DISSOLUTION

## ARTICLES OF DISSOLUTION

*Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submit the following articles of dissolution:*

FIRST: The name of the corporation is: NORTH DADE MEDICAL  
SERVICES, INC.

SECOND: The date of dissolution was authorized: 12/30/02

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)

Signet this 9 day of DECEMBER, 2002

Signature

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

PINCHAS SHAPIRO

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

PRESIDENT

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

03 DEC 16 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED