Florida Department of State

Division of Corporations. Public Access System

Electronic Filing Cover Sheet

Compared to the process of the process and the contract of the process of the contract of the

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000300124 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone (305) 552-5973 : (305)220-1440 Fax Number

DISSOLUTION OR WITHDRAWAL

BEST VALUE MEDICAL EQUIPMENT INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

12/14/2007 4:38 PM

1 o

FROM : LAZARUS

FAX NO. :3052201440

Dec. 14 2007 05:45 Pt P2 2007 05:45 Pt P

H 07 00 0 30 0 12 4

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following angles of dissolution:

FTRST:	The name of the corporation as currently filed with the Florida Department of State:	
	BEST VALUE MEDICAL EQUIPMENT INC.	
SECOND:	The document number of the corporation (if known): POLOOO93110	
THRD:	The date dissolution was authorized: 12/14/07	
	Refrective date of dissolution if applicable: (ac 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)	
	1 11	
	-16 6	
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by un incorporator - if a the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
	JUAN C. Perez.	
	(Typed or printed name of person signing)	
	PD	
	(17) In of Asserting significant	

Filing Fee: \$35