P01000117802

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dr. Healthcare, Inc.	
DOCUMENT NUMBER: PO10001178	02
The enclosed Articles of Dissolution and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Kevin J. (Name of Per	Ryan son)
Sheehan & Comp (Name of Firm/Co	ompany) CPA, PC
1105 Olinoco (Address)	Drive
Brightwaters, Ny (City/State/and Z	
Kevin J. Ryan at (Name of Person)	
Enclosed is a check for the following amount:	
(Addi	75 Filing Fee & \$\sum \\$52.50 Filing Fee, fied Copy
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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	Dr. Heathcare, Inc.
SECOND:	The document number of the corporation (if known): P01000117802
THIRD:	The file date the articles of incorporation: 12 12 2001
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution.
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Si	gned this 16 ta day of May , 2005
Sign	ature: (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 for other court appointed fiduciary, by that fiduciary.)
	Ovothy Reiss (Typed or printed name of person signing)
	President (Title of person signing)

Filing Fee: \$35