

PO10000118340

Requester's Name

Address

City/State/Zip

Phone #

600005500736--7

-05/09/02--01057--021

*****43.75 *****43.75

R.R. Schuman 603 Monroe Ave
CPE Cannadale FL 32920 Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
02 MAY -9 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ant Dido/CC
Examiner's Initials 105/13/102

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 is: National Healthbenefits, Inc.

SECOND: The date dissolution was authorized: May 3, 2002

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

Signed this 3 day of MAY (voting group)

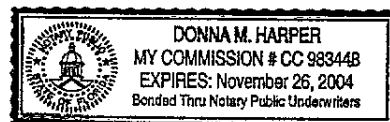
Signature Richard K. Schuman

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

STATE OF FLORIDA
COUNTY OF Brevard
The foregoing instrument was acknowledged before me this 3rd day of May, 19 2002
by Richard K. Schuman
☐ PERSONALLY KNOWN TO ME
☒ PRODUCED AS IDENTIFICATION
A Drivers License 5550-K6-42-4910
Type of Identification exp. 12/31/05

RICHARD SCHUMAN
(Typed or printed name)

CHAIRMAN, CEO, U.P.
(Title)



Donna M. Harper
State of Florida Notary

FILED
02 MAY -9 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA