P02000011543

(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:	•
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	· ——
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:

Office Use Only



700118602397

02/25/08--01026--025 **35.00

VI) Inact

JECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

'TO: Amendment Section

Division of Corporations
SUBJECT: Dissolution of Corporation - (Victoria M. Valdesuso, PsyD, ARNP, P.A.)
DOCUMENT NUMBER: PO2000 11543
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Victoria Valdesuso (Name of Contact Person)
(Firm/Company)
932 Euclid Avene #10 (Address)
Miami Boach, FL 33139 (City/State and Zip Code)
For further information concerning this matter, please call:
Victoria Valdesuso at (786) 277 - 6673 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, Certificate of Status & Certified Copy & Certificate of Status & Certified Copy
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation, submits the following articles of dissolution:

ARTICLES OF DISSOLUTION

08 FEB 25 PM 1: 54

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:
Victoria M. Valdesuso, Ps. D, ARNP, P.A.
SECOND: The document number of the corporation (if known): PO2000 N543
THIRD: The file date of the articles of incorporation: Feb. 1, 2002
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.
SIXTH: 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 directors authorized the dissolution.
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.)
Victoria M. Valdesuso (Typed or printed name of person signing)
President Person Signing)

Filing Fee: \$35