## P02000022197

| (Requ                       | uestor's Name)    |              |
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| PICK-UP                     | WAIT              | MAIL         |
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| (Busi                       | ness Entity Na    | me)          |
|                             |                   |              |
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| Certified Copies            | Certificate       | s of Status  |
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| Special Instructions to Fil | ling Officer:     |              |
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## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |  |  |           |
|---|--|--|-----------|
| SUBJECT: Corporate Dissolution  | on   | _                                      |           |
| DOCUMENT NUMBER: P0200002   | 22197  |  |           |
| The enclosed Articles of Dissolution and f  | ee are submitted for filing.   |  |           |
| Please return all correspondence concerning   | g this matter to the following:  |  |           |
| Jun S. Gili   |  |  |           |
|   | Contact Person)  | <del></del>                            |           |
| National Healthcare Medical   | Services, Inc.   |  |           |
| (Firr   | n/Company)   | _                                      |           |
| 10153 1/2 Riverside Drive,  | # 412  | . <b>7</b>                             |           |
| (A  | ddress)  |  | 05 (      |
| North Hollywood, CA 91602   | 2-2561   | ************************************** | 05 OCT 24 |
| (City/Sta   | ate and Zip Code)  | 135.<br>7.75.                          |           |
| For further information concerning this ma  | tter, please call:   | OF HATE                                | AM 8: 57  |
| Jun S. Gili   | at (818 ) 416-6189   | •                                      | 7         |
| (Name of Contact Person)  | (Area Code & Daytime Telephone N   | lumber)                                | •         |
| Enclosed is a check for the following amou  | int:   |  |           |
| ☑ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status                                  | S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  \$\text{S52.50 Filing Fee,} \text{Certificate of Status} \text{Certified Copy} \text{(Additional copy is enclosed)} |  |           |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ   | :le                                    |           |

Tallahassee, FL 32301

## 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:  |                |           |
|----------|---|----------------|-----------|
|          | National Healthcare Medical Services, Inc.  |                |           |
| SECOND:  | The document number of the corporation (if known): P02000022197   |                |           |
| THIRD:   | The file date the articles of incorporation: 02-27-2002   |                |           |
| 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.  |                |           |
|          | The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.  | 15 S           | 05 007 24 |
| SEVENTH: | Adoption of Dissolution (CHECK ONE)   | t?.)           | 12        |
|          | ☐ A majority of the incorporators authorized the dissolution.   | AHALSEF, FI OF | 700       |
|          | A majority of the directors authorized the dissolution.   | 7              | 5         |
|          |   |                |           |
| Signa    | (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) | if             |           |
|          | ZACHARY BENEBY  (Typed or printed name of person signing)   |                |           |
|          | President/CEO (Title of Person Signing)   |                |           |

Filing Fee: \$35