

PO2000032442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

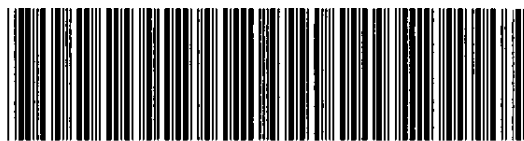
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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UD/w itz note

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 23 AM 9:44

T. Roberts FEB 03 2009

WORLDWIDE MEDICAL SUPPLIES & PHARMACEUTICALS, INC

January 18, 2009

Department of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

To whom it may concern:

Please note in compliance with the proper procedures essential to maintain your
Corporate records. We report the dissolution of our Corporation, as of December 31, 2008.

The Corporation carries Document No. P02000032442.

Thank you,

Sincerely,

A handwritten signature in black ink, appearing to read "Miriam E. Gonzalez", written in a cursive style.

Miriam E Gonzalez/Pres-Worldwide Medical Supp.

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 as currently filed with the Florida Department of State:

Worldwide Medical Supply and Pharmaceuticals, Inc.

SECOND: The document number of the corporation (if known): P02000032442

THIRD: The date dissolution was authorized: 12-31-08

Effective date of dissolution if applicable: 12-31-08
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

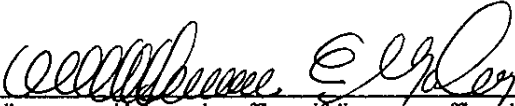
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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)

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)

Adrian E Gonzalez
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 23 AM 9:44

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Worldwide Medical Supp.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1452 N. KROME AVE STE 102F
T-FLORIDA CITY FL 33034

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

William E. Gonzalez
Printed Name of the Person Filing

William E. Gonzalez
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00