

PO2000035002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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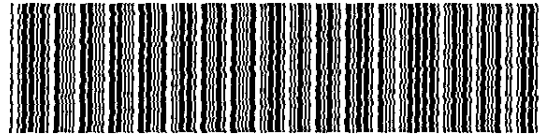
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NOTICE OF CORPORATE DISSOLUTION FOR NARINE HEALTHCARE,

DOCUMENT NUMBER: P0200003502
DOCUMENT NUMBER: H02000069388 - FAX AUDIT NUMBER

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NALAN NARINE, M.D.

(Name of Person)

NARINE HEALTHCARE, INC

(Name of Firm/Company)

3243 Pensador Street

(Address)

Temecula, CA 92592

(City/State/and Zip Code)

For further information concerning this matter, please call:

NALAN NARINE, M.D.

(Name of Person)

at (909) 303-2969

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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 Department of State:

NARINE HEALTHCARE INC.

SECOND: The document number of the corporation (if known): P02000035002

THIRD: The file date of the articles of incorporation was: April 1st, 2003

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.

Signed this 15th day of DECEMBER, 2003.

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.)

NALAN NARINE, M.D.
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

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