P0200059754

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cil	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
2 Division of Corporations
SUBJECT: Vi da Medical Supplies Corporation
DOCUMENT NUMBER: P020000 59754
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
1
Luis E. CAstillo (Name of Person)
(Name of Person)
(Name of Firm/Company)
<u>.</u>
36/5 West 13° Ave (Address)
,
Hizlezh Florida 33012
(City/State/and Zip Code)
For further information concerning this matter, please call:
11115 E. Cartillo al (305) 364-7111
(Name of Person) at (305) 364-7/1/ (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status \$\sum (Additional copy is enclosed) \$\sum (Additional copy is enclosed)\$\$
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section Division of Corporations Division of Corporations
Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

Tallahassee, Florida 32314

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:	
	Vida Medical Supplier Conforzarion	
SECOND:	The document number of the corporation (if known): P02000059754	
THIRD:	The file date of the articles of incorporation was: 05/50/02	
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.	
Signatur	Signed this 20 day of August . 2004.	
Jignatur	(By a director, president drother 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.)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

Filing Fee: \$35