

P02000071212

FIRST HEALTH CARE MIAMI, INC
104 SW 180 AVE
Pembroke Pines, FL 33029

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

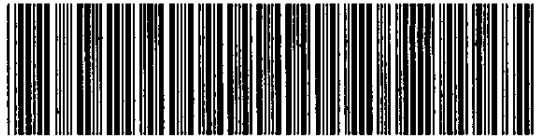
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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notice

11/23/09--01019--003 **35.00

FILED
2009 NOV 23 AM 11:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ASR
11/30/09

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:

FIRST HEALTH CARE MIAMI, INC

SECOND: The document number of the corporation (if known): P02000071212

THIRD: The file date of the articles of incorporation: 06/28/2002

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

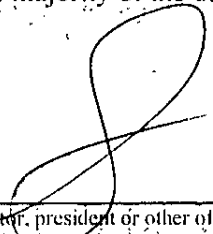
FIFTH: No debt of the corporation remains unpaid.

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.)

JULIO PRADO SR.

(Typed or printed name of person signing)

PRESIDENT - DIRECTOR

(Title of Person Signing)

Filing Fee: \$35

2009 NOV 23 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: FIRST HEALTH CARE MIAMI, INC

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:

NONE

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

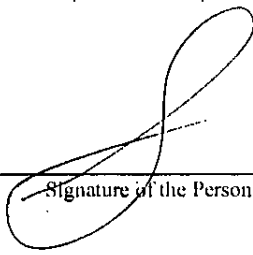
180 SW 180 AVE

PEMBROKE PINES, FL 33029

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.

JULIO PRADO SR.

Printed Name of the Person Filing


Signature of the Person Filing

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