

P02000073850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

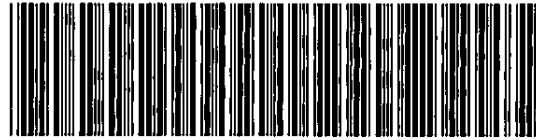
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/28/07--01022--026 **35.00

APPROVED
AND
FILED

07 FEB 28 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dis.

MAR 01 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

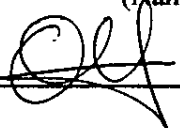
SUBJECT: _____

DOCUMENT NUMBER: P 02000073850

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

Please return all correspondence concerning this matter to the following:

Orlando Antunez
(Name of Contact Person)


(Firm/Company)

1475 West 38th apt 206 Hialeah
(Address)

Hialeah FL 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

Orlando Antunez at (305) 825-0623
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

OEM Medical Equipment Corp.

SECOND: The document number of the corporation (if known): P02000073850

THIRD: The date dissolution was authorized: 02/23/07

Effective date of dissolution if applicable: _____
(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

Orlando Antunez & Laura Antunez
(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)

Orlando Antunez
(Typed or printed name of person signing)

President.
(Title of person signing)

Filing Fee: \$35

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AND
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