

PD20000081258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution

T BROWN FEB 16 2005

To: Divisions of Corporations

From: Marie Auguste, Corporate Officer

Date: 2/2/2005

Re: Comprehensive Health Solutions, Inc A Florida for Profit Corporation

Attached You will find dissolution of Corporation documents. I would respectfully request in addition to the dissolution of the corporation that you 'Release the name Comprehensive Health Solutions, Inc. for use.

Sincerely, Marie Auguste

Marie Auguste

State of Florida.
County of Broward.
Sworn to (or affirm) and subscribed before
me this 08 day of February 2005
by Marie Auguste.

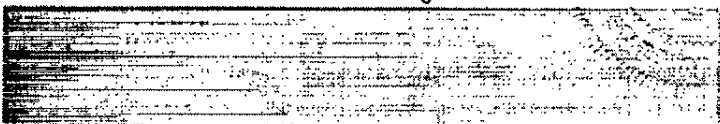


Mariela Barbato
My Commission DD278855
Expires January 05, 2008

Mariela Barbato

Personally Known —

Produced Identification X.
Driver License.



TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Comprehensive Health Solutions, Inc.

DOCUMENT NUMBER: P02000081258

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

Please return all correspondence concerning this matter to the following:

Marie Auguste
(Name of Person)

N/A
(Name of Firm/Company)

11055 SW 15th Street apt 310
(Address)

Pembroke Pines, FL 33025
(City/State/and Zip Code)

For further information concerning this matter, please call:

Marie Auguste at (954) 699-7696
(Name of Person) (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:
Comprehensive Health Solutions, Inc.

SECOND: The document number of the corporation (if known): PO 2000081258

THIRD: The file date of the articles of incorporation was: 7/25/2002

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.

Signed this 2nd day of February, 2005.

Signature: Marie Auguste

(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.)

Marie Auguste

(Typed or printed name of person signing)

President, VP, Secretary, Treasurer

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35