

PO2000086572

(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



700067294647

03/07/06 --01055--004 *05.00

*Diss
829.*

06 MAR -7 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION & WITHDEAWAL (PLEASE NO REVOCATION OF
DISSOLUTION)

DOCUMENT NUMBER: P02000086572

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

Please return all correspondence concerning this matter to the following:

JARLIN LISCA

(Name of Person)

LISCA MEDICAL, INC

(Name of Firm/Company)

1784 W FLAGLER STREET STE 9

(Address)

MIAMI FLORIDA 33135

(City/State/and Zip Code)

For further information concerning this matter, please call:

Jarlin Lisca

(Name of Person)

at (305) 469-3796

(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

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

06 JAN -7 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Department of State:

LISCA MEDICAL, INC

SECOND: The document number of the corporation (if known): P02000086572

THIRD: The date dissolution was authorized: 02-20-2006

Effective date of dissolution if applicable: 02-20-06
(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 of 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

(voting group)

Signed this 20 day of FEBRUARY, 2006.

Signature: Jarlin Lisca
(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)

JARLIN LISCA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35