

P02000087443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

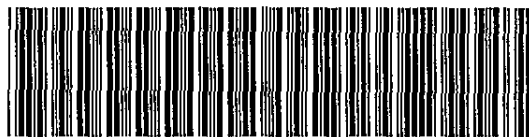
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/24/02--01036--009 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2002 DEC 24 PM 3:29

Dissolution
LFS

1-7-2003

December 20, 2002

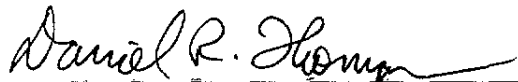
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Please see the attached *Articles of Dissolution* for **Non Surgical Vein Clinic Inc.**
Attached is a check for \$52.50 to pay for the following:

Filing Fee	\$35.00
Certified Copy of Dissolution	\$8.75
Certificate of Status	\$8.75

Please mail to address below. Thank you.



Daniel R. Thomas
706 Canadice Lane
Winter Springs, FL 32708

ARTICLES OF DISSOLUTION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2002 DEC 24 PM 3:29

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: _____

Non-Surgical Vein Clinic, Inc.
P02000087443

SECOND: The filing date of the articles of incorporation was: 8/13/02

THIRD: (CHECK ONE)

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

☒ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 20th day of December, 2002.

Signature Daniel R. Thomas
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Daniel R. Thomas
(Typed or printed name)

Director
(Title)