## PO200094377

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PICK-UP WAIT MAIL
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WALKER HEALTH CARE MANAGEMENT SERVICES, à
DOCUMENT NUMBER: PO2000094377
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICHARD WALKER
(Name of Person)
(Name of Firm/Company)  2/0   /5 Th P/ACE  (Address)
VERO BEACH, FLORINA 32960 (City/State/and Zip Code)
For further information concerning this matter, please call:
Richaed WAllan at 772 398-3755 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:

Amendment Section
Division of Corporations

Tallahassee, Florida 32399

409 E. Gaines Street

Amendment Section
Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

## ARTICLES OF DISSOLUTION

FILED

04 JAN -2 PM 3: 06
Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of ALLAHASSEE FLORIDA dissolution: The name of the corporation as currently filed with Department of State: FIRST: HEALTHCARE MANAGEMENT The document number of the corporation (if known): 102 SECOND: The file date of the articles of incorporation was: AUGUS I THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. FIFTII: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: to the shareholders, if shares were issued. Adoption of Dissolution (CHECK ONE) SEVENTH: A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. day of Decembe Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator

REGISTERAD AGENT S PRESIDENT

(Title of person signing)

Filing Fee: \$35

if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

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