P02000110953

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: A.S. J. Medical Supplies, Inc.
DOCUMENT NUMBER: <u>P02000110953</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Perez (Name of Person)
Chutts & Bowen, LLP (Name of Firm/Company)
201 South Biscagne Blud., #1500
City/State/and Zip Code)
For further information concerning this matter, please call:
Elizabeth Verez at (305) 358-6300 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee,
CONTROL ADDRESS.

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:
_	A.S. J. Medical Supplies, Inc.
SECOND:	The document number of the corporation (if known): PD2000110953
THIRD:	The file date of the articles of incorporation was: 10/15/2002
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 31st day of January, 2005.
Signatur	(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.)
	Aluaro Gerret. (Typed or printed name of person signing)
	TRESIDEN!

Filing Fee: \$35