P020012058

(R	equestor's Name)	
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, (C	ity/State/Zip/Phone #/)
- PICK-UP	☐ WAIT	MAIL MAIL
(В	usiness Entity Name)	<u> </u>
(Document Number)		
Certified Copies	Certificates of	Status
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: Articles of Dissolution DOCUMENT NUMBER: P02000120582 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Francisco Fuentes (Name of Contact Person) Medical Coordinators & Consultants, Inc. (Firm/Company) 14445 SW 95 Terr (Address) Miami FL 33186 (City/State and Zip Code) For further information concerning this matter, please call: German Pena (Name of Contact 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, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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

TRST: The name of the corporation as currently filed with the Florida Department of State:		
	Medical Coordinators & Consultants	
SECOND:	The document number of the corporation (if known): P02000120582	
THIRD:	The file date of the articles of incorporation: 11/12/02	
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.	
Sign	(By a director, president of 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.)	
	Francisco Fuentes	
	(Typed or printed name of person signing)	
	President	
	(Title of Person Signing)	

Filing Fee: \$35