

PD3000016019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

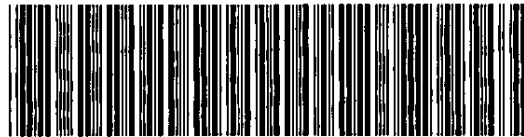
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300260896203

06/06/14--01034--021 \*\*35.00

APPROVED  
AND  
FILED

14 JUN -6 AM 9:17

SECRETARY OF STATE  
MAIL ASSISTANT

C. LEWIS  
JUN 10 2014  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ACORN MEDICAL, INC.

**DOCUMENT NUMBER:** P03000016019

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

Please return all correspondence concerning this matter to the following:

Dwight Hearn

(Name of Contact Person)

(Firm/Company)

7630 N. W. 5th Street

(Address)

Pembroke Pines, FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

Dwight Hearn

(Name of Contact Person)

at ( 954 ) 987-5171

(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, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

APPROVED  
AND  
FILED

14 JUN -6 AM 9:17

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Acorn Medical, Inc

SECOND: The document number of the corporation (if known): P03000016019

THIRD: The date dissolution was authorized: May 23, 2014

Effective date of dissolution if applicable: June 1, 2014

(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 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)

Signature: \_\_\_\_\_

(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)

Dwight Hearn

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

## Notice of Corporate Dissolution

APPROVED  
AND  
FILED

14 JUN -6 AM 9:17

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

SECRETARY OF  
STATE  
TALLAHASSEE, FLORIDA

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Acorn Medical, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

All books and records, contracts or other information to verify  
any outstanding liabilities due from the corporation.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

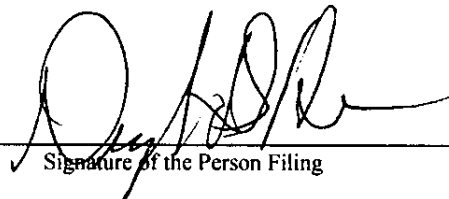
7630 N. W. 5th Street

Pembroke Pines, FL 33024

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Dwight Hearn

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**