Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : LOCKE LORD LLF Account Number: 075410001517 : (561)833-7700 Phone

Fax Number

: (561)655-8719

DISSOLUTION OR WITHDRAWAL MED BILLING ACQUISITION, CORP.

Certificate of Status	0
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Estimated Charge	\$43.75

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ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed with the Florida Department of MED BILLING ACQUISITION, CORP.	of State:			
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: 3/ 12 /2015				
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	ı file date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes east 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		យាំ		
			蒸		
	(voting group)		2 1.6 18		
x !	Signature: (By a director, president or other officer- if directors or officers have not been selected, by		NH 10: 30		
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)				
	JOSEPH RADIGAN				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

Filing Fee: \$35

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Notice of Corporate Dissolution

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.

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

Name of Corporation	MED BILLING ACQUISITION, CORP.
Date of dissolution w specified in the Articl	ill be the date the dissolution is filed with the Department of State or as less of Dissolution.
Description of inform	ation that must be included in a claim:
Provide a reas	onable description of the claim that claimant might be entitiled to.
Provide the am	ount of the claim and an interest obligation if fi ed b an instrument
of indebtedness.	The claim must be in writing and sent to the attention of Joseph Radigan,
President at the	e address below.
	·
AV	ISENA, INC. O BLUE LAGOON DRIVE 450 AMI FL 33126
	bove named corporation will be barred unless a proceeding to enforce the claim is commenced the filing of this notice.

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