

PO3000024292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

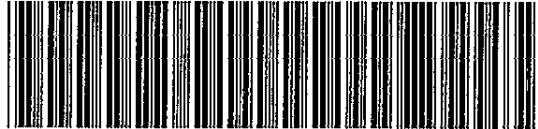
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400030654024

03/18/04--01027--005 \*\*43.75

FILED

04 MAR 18 PM 3:57

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Ps 3/24/04  
DISSEMINATION NOTICE

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TOLA'S TRINITY HEALTHCARE DIAGNOSTICS INTERNATIONAL COI

**DOCUMENT NUMBER:** P03000024292

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

Please return all correspondence concerning this matter to the following:

INNOCENT O. CHINWEZE ESQ.

(Name of Person)

INNOCENT O. CHINWEZE P. A. (LAW OFFICES)

(Name of Firm/Company)

300 SOUTH PINE ISLAND ROAD SUITE 248

(Address)

PLANTATION, FLORIDA, 33324

(City/State/and Zip Code)

For further information concerning this matter, please call:

INNOCENT O. CHINWEZE

(Name of Person)

at ( 954 ) 452-4322

(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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

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

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

TOLA'S TRINITY HEALTH CARE DIAGNOSTICS INTERNATIONAL CORP.

SECOND: The document number of the corporation (if known): P03000024292

THIRD: The date dissolution was authorized: MARCH 15, 2004

Effective date of dissolution if applicable: MARCH 15, 2004

(no more than 90 days after dissolution)

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 of 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

ALL THE SHAREHOLDERS AND INCORPORATORS OF THE CORP.

(voting group)

Signed this 15 day of MARCH, 2004

Signature: Olutola Sobande

(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)

OLUTOLA SOBANDE R,PHP.D

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED  
04 MAR 18 PM 3:57  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

## 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: TOLA'S TRINITY HEALTHCARE DIAGNOSTICS INTERNATIONAL CORP

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:

---

---

---

---

---

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

INNOCENT O. CHINWEZE P. A. (LAW OFFICES)

300 SOUTH PINE ISLAND ROAD SUITE 248


PLANTATION, FLORIDA, 33324

\_\_\_\_\_

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.

INNOCENT O. CHINWEZE

Printed Name of the Person Filing



Signature of the Person Filing