

P03000031719

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(City/State/Zip/Phone #)

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Art Diss
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ROTHSTEIN & ASSOCIATES

3550 NE 169th Street, Suite 411
North Miami Beach, FL 33160-3265

STEVEN H. ROTHSTEIN
ATTORNEY AT LAW

TELEPHONE
(305) 491-0965

April 9, 2004

Secretary of State
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Tri-Group Medical, Inc.

Dear Sir or Madam:

Enclosed please find the original Articles of Dissolution for **Tri-Group, Medical, Inc.**, along with a check in the amount of \$35.00, payable to Florida Department of State.

Please file the original, and forward a date stamped copy to our office. A return envelope is enclosed for your convenience.

Thank you in advance for your courtesy and cooperation in this matter.

Very truly yours,



Steven H. Rothstein

SHR/sdm
Enclosures

cc: Alfredo D. Gonzalez

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

TRI-GROUP MEDICAL, INC.

SECOND: The document number of the corporation (if known): P03000031719

THIRD: The file date of the articles of incorporation was: 03/17/2003

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.

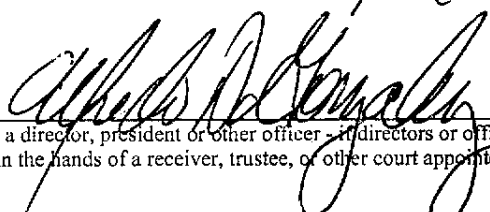
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 7th day of April, 2004.

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.)

ALFREDO D. GONZALEZ

(Typed or printed name of person signing)

DIRECTOR / VICE-PRESIDENT

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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