

PO3000038614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2005 FEB 16 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO3-38614

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STOVER MEDICAL STAFFING SERVICES, INC.

DOCUMENT NUMBER: PO3000038614

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

Please return all correspondence concerning this matter to the following:

CARRIE NORTHCUTT
(Name of Person)

STOVER MEDICAL STAFFING SERVICES, INC.
(Name of Firm/Company)

50 CLARKSON WILSON CENTER PMB #482
(Address)

CHESTERFIELD, MO 63017
(City/State/and Zip Code)

For further information concerning this matter, please call:

CARRIE NORTHCUTT at (314) 374-1197
(Name of Person) (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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

STOVER MEDICAL STAFFING SERVICES, Inc.

SECOND: The document number of the corporation (if known): PC 3000038614

THIRD: The file date of the articles of incorporation was: 4-7-03

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 14 day of FEBRUARY, 2005

Signature: [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.)

MATT STOVER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$35

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: STOVER MEDICAL STAFFING SERVICES, 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:

NAME OF company providing claim
Date of claim
Date of service & amount
Where service was provided
name of who authorized from our company

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

STOVER MEDICAL STAFFING SERVICES, INC
50 CLARKSON WILSON CENTER
PMB # 482
CHESTERFIELD, MO 63017

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

MATT STOVER

Printed Name of the Person Filing



Signature of the Person Filing