

P03000042143

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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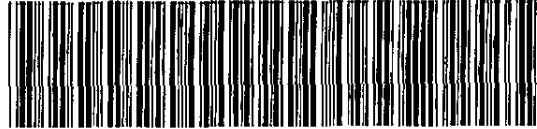
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/03/05--01020--003 **96.25

FILED
05 OCT -3 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-11

Date: Sept. 29, 2005
To: Florida Dept. of State

From: Elena Anderson
Statewide Medical Management Inc.
c/o Barry Staum
1515 University Dr. #115
Coral Springs, FL 33071
EIN: 13-4248196

Ph #: 954.579-1341 or 954.344.3662

Kindly dissolve Statewide Medical
Management Inc. Enclosed is:

\$	35.00	Filing fees
	52.50	Cert. copies
	8.75	Cert of Status
	<hr/>	
\$	96.25	CL #1026

ARTICLES OF DISSOLUTION

FILED
05 OCT -3 AM 9:20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

FIRST: The name of the corporation is: Statewide Medical
Management, Inc.

SECOND: The date dissolution was authorized: 9/29/05

THIRD: 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 vote 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

Elena Anderson
(voting group)

Signed this 29 day of September, 2005

Signature ☒ [Signature]
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Elena Anderson
(Typed or printed name)

President
(Title)