## P03000051587

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## TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Section 607.1403 Corporate Dissolution	
DOCUMENT NUMBER: PO 300051587	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
SARA ENGSTRAND (Name of Person)	
Med Research, Inc. (Name of Firm/Company)	
3614 NAKOMA ROAD (Address)	
MADISON, WI 53711 (City/State/and Zip Code)	
For further information concerning this matter, please call:	
SARA ENGSTRAND at (608) 662-7837 (Name of Person) (Area Code & Daytime Telephone No	umber)
Enclosed is a check for the following amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy enclosed)	
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 3239	

## 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:
	Med Research, Inc.
SECOND:	Med Research, Inc.  The document number of the corporation (if known): PO 3000051 587
THIRD:	The date dissolution was authorized: December 29, 2004
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)
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
	(voting group)
	Signed this 29 day of December, 2004.
Signa	
	(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)
	SARA ENGSTRAND (Typed or printed name of person signing)
	President of HealResearch, Inc. (Title of person signing)

Filing Fee: \$35