P03 0000 E0280

(Re	equestor's Name)	
(Address)		
(Address)		
•	,	
(Cit	v/Chaha/Zin/Dhan	- 40
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
/Bu	siness Entity Nar	me)
(52	onioco Emily Mar	
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Special instructions to	rilling Officer.	





900083745569

01/10/07--01014--014 **35.00

ZOOT JAN TO AM 9: 45
SECRETARY OF STATE
TALL AHASSEE FI COLD

KHA

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Corporate dissolution of Surgical Laser Solution Service Department
DOCUMENT NUMBER: P0300080280
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Derson)
Surgical laser Solutions (Firm/Company)
P.O box 392
Palm City F13499/ (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (772) 388 3500 EXT 2019 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

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 Florida Department of State: Surgicul Laser-Solutions Service Department, Inc.
SECOND:	The document number of the corporation (if known):_ P03000 0 80280
THIRD:	The date dissolution was authorized: 3/31/06
	Effective date of dissolution if applicable: 3 2106 (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 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:
Si	gnature: (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) (Typed or printed name offperson signing)
	Prosident x

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: Sursicial laser Solutions Sexuice Opartment, 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
date of occurre
description of goods / services
proof of delivery of goods / services
Purchase order #.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) To Box 392
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

within 4 years after the filing of this notice.