

PA3000 109301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

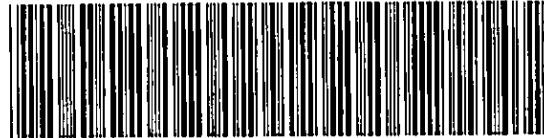
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300323214133

10-11-68

FILED  
2019 JAN 25 PM 3:02  
DEPT. OF STATE  
TALLAHASSEE, FL

R. W. F. 11  
J. W. F. 11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IMAGING MEDICAL SOLUTIONS, INC.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P03000103301  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

BRUCE ODONNELL, CPA  
\_\_\_\_\_

(Name of Contact Person)

BRUCE ODONNELL, CPA, PA  
\_\_\_\_\_

(Firm/Company)

21301 POWERLINE ROAD STE 102  
\_\_\_\_\_

(Address)

BOCA RATON, FL 33433  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

BRUCE ODONNELL, CPA  
\_\_\_\_\_

(Name of Contact Person)

at ( 561 883 1210  
\_\_\_\_\_) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, 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:  
IMAGING MEDICAL SOLUTIONS, INC.

SECOND: The document number of the corporation (if known): P03000103301

THIRD: The date dissolution was authorized: 05/14/2018

Effective date of dissolution if applicable: 12/31/2018

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:*

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

CESAR GUZMAN

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

FILED  
2019 JAN 25 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FL