1830001122279

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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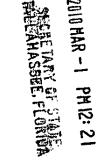
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COVER LETTER

Division of Corporations	
SUBJECT: PREMIEY Medica	x L Billing Services, Inc.
DOCUMENT NUMBER: PO300	012279
The enclosed Articles of Dissolution and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
PAULA ARTWELL (Name of Con	tact Person)
Premier Medical Billion (Firm/Co	ng Services Inc
3880 NW 39m	St
(Addre	ss)
LAuderdale Lakes (City/State ar	<u>- L 33309</u>
For further information concerning this matter,	please call:
taula Artwell	at (954) 587-4057 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status C	43.75 Filing Fee & S52.50 Filing Fee, ertified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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 the Florida Department of State: Premier Medical Billing Jervices Inc.		
SECOND:	The document number of the corporation (if known): Po3000 122279		
THIRD:	The file date of the articles of incorporation: $10 29 2003$		
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.		
Sign			
	(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.)		
	Paula Artwell (Typed or printed name of person signing)		
	President (Title of Person Signing)		

Filing Fee: \$35