P03000130087

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3ECRETARY OF STATE (ALLAHASSEE, FLORID)





TRANSMITTAL LETTER

Division of Corporations
SUBJECT: T& Y Medical Center, Inc.
DOCUMENT NUMBER: 703000 130087
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Calizabeth Jerez (Name of Person)
(Name of Firm/Company)
201 South Biscayne Blud., Suite 1500 (Address)
(City/State/and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 358-6300 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status
MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS: Amendment Section Division of Corporations

409 E. Gaines Street

Tallahassee, Florida 32399

P.O. Box 6327

Tallahassee, Florida 32314

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 Department of State:	
	P&y Medical Center, Inc.	
SECOND:	The document number of the corporation (if known): PD3 DD013D087	
THIRD:	The file date of the articles of incorporation was: 11 12 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. Adoption of Dissolution (CHECK ONE)	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Signed this 28th day of December, 2004.		
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.)		
	Jolanda Leon (Typed or printed name of person signing)	

Filing Fee: \$35