

PO3000146036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

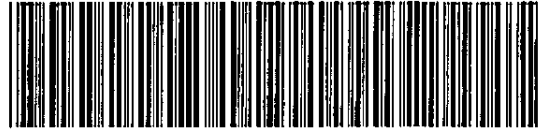
(Business Entity Name)

(Document Number)

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1/15/05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: P03000146036

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

Please return all correspondence concerning this matter to the following:

Laura Leyva
(Name of Person)

ACCESS MEDICAL Consultants, Inc
(Name of Firm/Company)

1455 NW 14 ST,
(Address)

Miami, FL 33125
(City/State/and Zip Code)

For further information concerning this matter, please call:

Laura LEYVA at (305) 458-9895
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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:

ACCESS MEDICAL CONSULTANTS INC.

SECOND: The document number of the corporation (if known): P03000146036

THIRD: The file date of the articles of incorporation was: 12/5/2003

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.

Signed this 27th 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.)

Laura Leyva

(Typed or printed name of person signing)

PRESIDENT, V.P. & TREASURER

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 DEC 29 PM 1:52

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Filing Fee: \$35