

P04000039998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

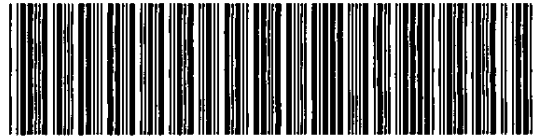
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900222406439

02/20/12--01032--016 \*\*35.00

UD/WATSON  
Effective date  
2-29-12

FILED  
12 FEB 20 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 21 2012  
T. ROBERTS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Business dissolution

**DOCUMENT NUMBER:** P04000039998

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

Please return all correspondence concerning this matter to the following:

Natacha Gourgue

(Name of Contact Person)

MNT Medical Billing and Management

(Firm/Company)

2825, 11th Avenue

(Address)

Vero Beach, FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

Natacha Gourgue

(Name of Contact Person)

at ( 772 ) 559-5117

(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

*Effective date*  
*2-29-12*

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:

MNT Medical Billing and Management Services, INC.

SECOND: The document number of the corporation (if known): P04000039998

THIRD: The date dissolution was authorized: 02/01/2012

Effective date of dissolution if applicable: 02/29/2012  
(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 group  
*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 or if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Natacha Gourgue

(Typed or printed name of person signing)

VP, Treasurer

(Title of person signing)

**Filing Fee: \$35**

**FILED**  
12 FEB 20 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## 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: MNT Medical Billing and Management Services, 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:

Business is dissolved as of 2/29/2012

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2825, 11th Avenue

Vero Beach, FL 32960

\_\_\_\_\_

\_\_\_\_\_

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

NATACHA GOURGUE

Printed Name of the Person Filing



Signature of the Person Filing

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