## P04000040023

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
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(Business Entity Name)	
(Dustriess Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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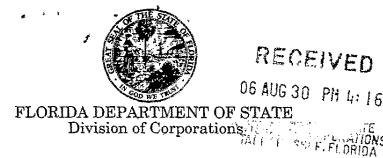
SECRETARY OF STATE LANGE OF CORPORATIONS

## LAZARUS CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

3320 SW 67 TAVENUE	
MIAMI, FL 33165 (305) 552-597	3
	Office Use Only
CORPORATION NAME(S) & DOCUMEN	T NUMBER(S), (if known):
1. ALCAZAR MEDICA (Corporation Name)	AL CENTER, INC.
2	(Document wy
(Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
4	
(Corporation Name)	(Document #)
Walk in Pick up time 2.4	90 Certified Copy
`	Photocopy
NEW FILINGS	<u>MENDMENTS</u>
☐ Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability  Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
OTHER FILINGS F	REGISTRATION/QUALIFICATION
☐ Annual Report	Foreign .
Fictitious Name	Limited Partnership
Ţ	Reinstatement Trademark
	Other
· *	
	Examiner's Initials

CR2E031(7/97)



August 28, 2006

**LAZARUS** 

TALLAHASSEE, FL

SUBJECT: ALCAZAR MEDICAL, INC.

Ref. Number: P04000040023

We have received your document for ALCAZAR MEDICAL, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2006 annual report. The entity must be reinstated before this document can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Letter Number: 906A00052599

Cheryl Coulliette Document Specialist

SECRETARY OF STATE DIVISION OF CORPORATIONS

## ARTICLES OF DISSOLUTION

2006 AUG 30 PM 4: 40

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State:  A   CA Z AR Medical, Inc.
The document number of the corporation (if known): \$\int 004,000 400 23\$
The date dissolution was authorized:
Effective date of dissolution if applicable:  (no more than 96 days after dissolution file date)
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 of 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
Signed this 25th day of August, 2006.
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)
Silvino Nonez
(Typed or printed name of porson signing)
President Journer

Filing Fee: \$35