

PO400000160726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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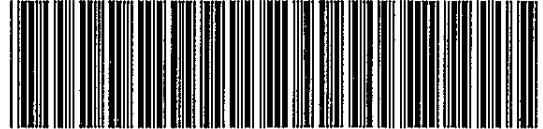
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

As 9/1/05  
Diss

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF MOBILE CPR EXPERTS, L

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Ms. Penny Shifrin

(Name of Person)

Tel # 561-436-5989  
# 561-969-2597

(Name of Firm/Company)

426 S. COUNTRY CLUB DR.

(Address)

ATLANTIS, FLORIDA 33462

(City/State/and Zip Code)

For further information concerning this matter, please call:

Ms. MAXENE LACKEY at (561) 310-7017 cell

(Name of Person)

(Area Code & Daytime Telephone Number)

(561) 547-9443

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 607.1403, 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:

MOBILE CPR EXPERTS, INC.

SECOND: The document number of the corporation (if known): P040000106724

THIRD: The date dissolution was authorized: 8-26-2005

Effective date of dissolution if applicable: \_\_\_\_\_  
(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 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

3 members in Corporation  
2 voted to have dissolution - sufficient.  
(voting group)

Signed this 26th day of August, 2005

Signature Maxene Lackey RN BSN

Signature: Penny Shifrin RN BSN

(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)

① MAXENE LARKEY RN BSN - (Secretary)  
Penny Shifrin RN BSN - (Vice President)  
(Typed or printed name of person signing)

① SECRETARY - MOBILE CPR EXPERTS INC.  
(Title of person signing)

Filing Fee: \$35