

PO4000069865

(Requestor's Name)

(Address)

(Address)

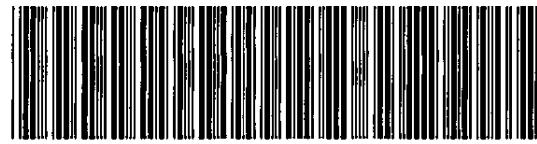
(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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700080984137

10/19/06--01048--014 \*\*35.00

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**06 OCT 19 AM 9:07**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

SUBJECT: London Medical Center Inc

DOCUMENT NUMBER: P04000069865

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

Please return all correspondence concerning this matter to the following:

∠015 0142'

(Name of Contact Person)

# London Medical Center Inc.

(Firm/Company)

26799 South Dixie Hwy

(Address)

Miami, Fla 33032

(City/State and Zip Code)

For further information concerning this matter, please call:

Lv15 Ø102.

(Name of Contact Person)

at (305) 258-8100

(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, FL 32314**

**STREET ADDRESS:**

**Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

## 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:

London Medical Center

SECOND: The document number of the corporation (if known): P04000069865

THIRD: The date dissolution was authorized: 10/1/06

Effective date of dissolution if applicable: 10/1/06  
(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 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

Luis Diaz President  
(voting group)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Signature: Luis Diaz President  
(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)

Luis Diaz  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35