P24000081553

(Ke	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Ame at Section Division of Corporations

SUBJECT: Green Cross Medical Supplies, Inc. DOCUMENT NUMBER: P04000081553 The enclosed Articles of Dissolution and fee are submitted for filing.				
			Please return all correspondence concernin	g this matter to the following:
			Pura Gonzalez	
(Name of	Contact Person)			
(Firm	n/Company)			
1250 NW 7 Street, Suite 202				
(Address)				
Miami, Fl 33125-3744				
	te and Zip Code)			
For further information concerning this ma	tter, please call:			
Pura Gonzalez	at (305) 333-7255			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amou	int:			
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) 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 607.1401, 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:
	Green Cross Medical Supplies, Inc.
SECOND:	The document number of the corporation (if known): P0400081553
THIRD:	The file date of the articles of incorporation: 5/21/2004
FOURTH:	(CHECK ATLEAST ONE DOY)
	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.
Sign	ature: (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.)
	Pura Gonzalez
	(Typed or printed name of person signing)
	President
	(Title of Person Signing)

Filing Fee: \$35