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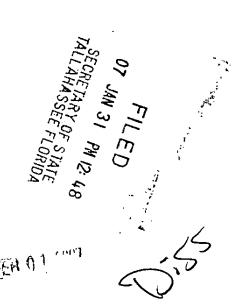
(Re	equestor's Name)	
. (Ad	ldress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer	
Special instructions to	Filing Officer.	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of Dy	namic Digital Healthcare
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
David Hurwitz	
(Name of Contact Per	rson)
Dynamic Digital Healtho	Care Systems
353 Flanders Drive (Address)	
(Address)	
Indialantic, Fl 3290	3
(City/State and Zip (Code)
For further information concerning this matter, please	call:
(Name of Contact Person) at (321) 544-4383 (Area Code & Daytime Telephone Number)
,	
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 I \\ Certificate of Status Certified (Addition enclosed)	Certificate of Status & Certified Copy
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:		
	Dynamic Digital Healthcare Systems, Inc		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: $1/21/2027$		
	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 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		
	, -		
	(voting group)		
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by SAR an incorporator - if in the hands of a receiver, trustee, of other court appointed fiduciary, by SAR that fiduciary)		
	(Typed or printed name of person signing)		
	President (Title of person signing)		

Filing Fee: \$35