P04000106072

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COVER LETTER -

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION
DOCUMENT NUMBER: P0400106072
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gema Caccavale (Name of Person)
Advanced Ophthalmic Billing, Inc. (Name of Firm/Company)
18710 NW 3rd St
Pembroke Pines, FC 33029 (City/State/and Zip Code)
For further information concerning this matter, please call:
Gera Coccavale at 954) 441-1273 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\ \$43.75 Filing Fee & \$\ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Street

Tallahassee, Florida 32399

Tallahassee, Florida 32314

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:
	- Advanced Ophthalmic Billing, Inc.
SECOND:	The document number of the corporation (if known): PO 4000 10607 A
THIRD:	The file date the articles of incorporation: $\frac{7/9/3004}{}$
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
	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.
S:	gned this 17 day of November , 2005.
	ature:
~-8-**	(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.)
	Cerra Caccavalo (Typed or printed name of person signing)
	Title of person signing)

Filing Fee: \$35