

P04000109408

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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**FILED**  
05 JUL -5 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VOLDIS w notice  
drcg 7/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Hull Medical Enterprises

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

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

Please return all correspondence concerning this matter to the following:

FRANK HULL

(Name of Person)

HULL MEDICAL ENTERPRISES

(Name of Firm/Company)

4819 NE 12 AVE

(Address)

FORT LAUDERDALE FL 33334-4803

(City/State/and Zip Code)

For further information concerning this matter, please call:

FRANK HULL

(Name of Person)

at ( 754 ) 264 5043

(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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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:

HULL MEDICAL ENTERPRISES, INC

SECOND: The document number of the corporation (if known): Certificate No. 16-80131354  
- 6

THIRD: The file date the articles of incorporation: 7/26/04

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.

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.

Signed this 29 day of June, 2005

Signature: [Signature]

(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.)

FRANK HULL

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: HULL MEDICAL ENTERPRISES, INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Never Commenced business

No PURCHASES, No SALES

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1545 Yellowheart Way

Hollywood FL 33019

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Frank Hull

Printed Name of the Person Filing

J.P. Hull

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**