

P04000112346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

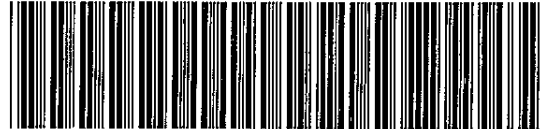
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/13/05--01003--007 **35.00

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SECRETARY OF STATE
TALLAHASSEE FL 32310
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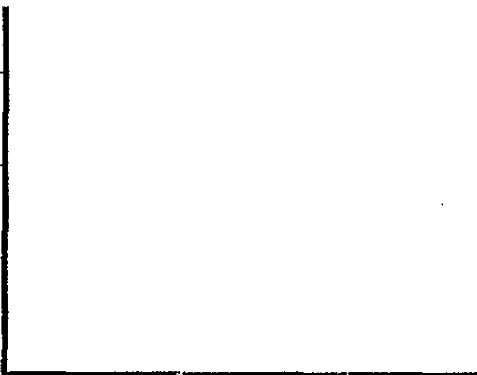
dis.

G. Coulliette JUL 13 2005

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973



Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. G-F-MEDICAL EQUIPMENT SUPPLY, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time 2.00
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

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 is: **G-F MEDICAL EQUIPMENT SUPPLY, INC.**

SECOND: The date dissolution was authorized: **07/11/2005**

THIRD: Adoption of Dissolution (CHECK ONE)

X Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.


 Dissolution was approved by vote of 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

1 (PRESIDENT/TREASURER/SECRETARY)
(voting group)

Signed this **11th** day of **July**, 2005.

Signature 
(By the Chairman or Vice Chairman of the Board, President, or other officer)

GEL SIS FERNANDEZ
(Typed or Printed name)

PRESIDENT
(Title)

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SECRETARY OF STATE
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