

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

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Account Name : RAUL RICARDO, C.P.A.
Account Number : I19990000200
Phone : (305) 829-1041
Fax Number : (305) 824-4997

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**DISSOLUTION OR WITHDRAWAL
ALMAR MEDICAL GROUP, INC.**

Certificate of Status	0
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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:

Almar Medical Group, Inc.

SECOND: The document number of the corporation (if known): P04000115225

THIRD: The date dissolution was authorized: 12/2/10

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 an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Damaris E. Oliva

(Typed or printed name of person signing)

Director

(Title of person signing)

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