

P04000116417

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SECRETARY OF STATE

05/19/05--01028--017 **43.75

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Voluntary Dissolution of Corporation

DOCUMENT NUMBER: PD4000116417

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

Please return all correspondence concerning this matter to the following:

LISETTE CUETO
(Name of Person)

NCZ MEDICAL CENTER, INC.
(Name of Firm/Company)

3084 NW 7 ST. SUITE A
(Address)

MIAMI, FL 33125
(City/State/and Zip Code)

For further information concerning this matter, please call:

LISETTE CUETO at (305) 543-4040
(Name of Person) (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:

NCZ MEDICAL CENTER, INC.

SECOND: The document number of the corporation (if known): PO400DD116417

THIRD: The file date the articles of incorporation: 08/10/2004

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 17th day of MAY, 2005.

Signature: Lisette Cueto

(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.)

LISETTE CUETO

(Typed or printed name of person signing)

SECRETARY / TREASURER

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA