

P04000150384

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(City/State/Zip/Phone #)

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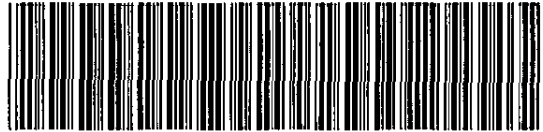
(Business Entity Name)

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*ATR*

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**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

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

1. LIFE DIAGNOSTIC MEDICAL CENTER INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 2:00    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	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: **LIFE DIAGNOSTIC MEDICAL CENTER, INC.**

SECOND: The date of dissolution was authorized: **December 27, 2004**

THIRD: 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 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:

\_\_\_\_\_  
(Voting group)

Signed this **28th** day of **February** of **2005**

Signature: \_\_\_\_\_

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

**Sandra T. Jacomino**

(Typed or printed name)

**President/Secretary**

(Title)

**STATE OF FLORIDA  
COUNTY OF MIAMI-DADE**

Sworn to and subscribed before me  
Today **February 28, 2005** at Miami, FL.

\_\_\_\_\_  
Notary Public

My Commission Expires:



Adis Margarita Ugarte  
Commission # DD 031148  
Expires July 16, 2005  
Bonded Thru  
Atlantic Bonding Co., Inc.

FILED  
MAR - 3 PM 1:25  
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SECRETARY OF STATE