

PO5000006829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

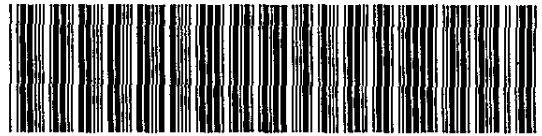
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Diss

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Atrium Medical Center, Corp.

**DOCUMENT NUMBER:** POS000006829

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

Please return all correspondence concerning this matter to the following:

Ramon Reyes

(Name of Contact Person)

(Firm/Company)

5035 Palm Ave

(Address)

Highland FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

Ramon Reyes

(Name of Contact Person)

at (305) 822-0669

(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, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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:

ATRIUM MEDICAL CENTER CORP

SECOND: The document number of the corporation (if known): P05000006829

THIRD: The date dissolution was authorized: 3/10/06

Effective date of dissolution if applicable: 3/10/06

(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 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)

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)

FRNCISCO DE LA CRUZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

06 MAR 15 AM 11:43

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