P05000613416

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operation to thing smeet.
·.
,

Office Use Only



400082631434

12/21/06--01006--018 **43.75

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

*KHM

COVER LETTER

: TO: Amendment Section

Division of Corporations		
SUBJECT: Articles of Dissolution		
DOCUMENT NUMBER: <u>905000013416</u>		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Shirley STRAUB (Name of Contact Person)		
MEDICAID Advisory & Planning Services, INC (Firm/Company)		
4570 San Juan Ave Scute #2 (Address)		
Sacksonuille, FL 32210 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Shirley STRAUB at (904) 388-8844 or (Name of Contact Person) (Area Code & Daytime Telephone Number) 591-6294		
Enclosed is a check for the following amount:		
\$\text{\$\subset\$\$\sqrt{\$\sqrt{\text{\$\sqrt{\$\sqrt{\sqrt{\text{\$\sqrt{\$\sqrt{\sqrt{\sqrt{\text{\$\sqrt{\$\sqrt{\sqrt{\sqrt{\$\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\$\sqrt{\$\sqrt{\sqrt{\$\sqrt{\sqrt{\$\sqrt{\$\sqrt{\sqrt{\sqrt{\$\sqrt{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\sqrt{\$\sqrt{\sqrt{\sqrt{\sqrt{\$\sqrt{\sqrt{\$\sqrt{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\sqrt{\$\sqrt{\sqrt{\$\sq}}}}}}}}}} \end{\sqrt{\sqrt{\$\sq}}}}}}}}}}} \end{\sqrt{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}}} \end{\sqrt{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}}} \end{\sqrt{\sqrt{\$\sq}}}}}}} \sqrt{\$\sqrt{\$\sqrt{\$\sqrt{		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314 Tallahassee, FL 32301 Tallahassee, FL 32301		

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:	
	MEDICAID Advisory & Planning Services, INC.	
SECOND:	The document number of the corporation (if known): Po500013416	
THIRD:	The file date of the articles of incorporation: $\frac{1/a+1/o-5}{a+1/o-5}$	
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) Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution	
	Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution.	
	Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution.	
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, drother court appointed fiduciary, by that fiduciary.)		
	Shirley A. STRAUB, Vice President (typed or printed name of person signing)	
	Vice President (Title of Person Signing)	

Filing Fee: \$35