



## Electronic Filing Cover Sheet

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## To:

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

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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19 MAR -7 AM 9:08  
TALLAHASSEE, FLORIDA

## REVOCATION OF DISSOLUTION

J.O. MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

MAR 08 2019

S. YOUNG

RECEIVED

2019 MAR -7 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FL

## ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is: J.O. MEDICAL  
CENTER, INC.

SECOND: The document number of the corporation (if known) is P050000033207

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 3-03-05

FOURTH: The Revocation of Dissolution was authorized on 3/7/19

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☒ The board of directors revoked the dissolution.  
☐ The incorporators revoked the dissolution.  
☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.  
☐ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.  
☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by \_\_\_\_\_ was sufficient for approval.  
(Voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

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)

Alfredo Romero

(Typed or printed name of person signing)

President

(Title of person signing)

19 MAR -7 AM 9:08  
TALLAHASSEE, FLORIDA

FILED  
Feb 04, 2019  
Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:  
J.O. MEDICAL CENTER, INC.
- SECOND: The document number of the corporation: P05000033207
- THIRD: The file date of the articles of incorporation: March 3, 2005
- FOURTH: 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: A majority of the directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ALFREDO ROMERO

PRESIDENT

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Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED  
Feb 04, 2019  
Secretary of State

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

J.O. MEDICAL CENTER, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

TEMPORARY CLOSING THE OFFICE, UNTIL FURTHER NOTICE.

Mailing address where claims can be sent:

8700 WEST FLAGLER ST SUITE 285  
MIAMI, FL 33174 UN

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ALFREDO ROMERO

\_\_\_\_\_  
Electronic Signature of the Person Filing