

POS000037221

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(Business Entity Name)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Provident Enabled Network Integration Systems, Inc.

**DOCUMENT NUMBER:** PO5000037221

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

Please return all correspondence concerning this matter to the following:

Michael Lynch  
(Name of Person)

Relia Serve, LLC  
(Name of Firm/Company)

1560 Sawgrass Corp. Pkwy. Ste 410  
(Address)

Sunrise, FL 33323  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Michael Lynch at (954) 331-8080  
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 22, 2005

MICHAEL P. LYNCH  
PINNACLE MEDICAL SOLUTIONS, INC.  
1560 SAWGRASS CORP. PKWY., STE. 410  
SUNRISE, FL 33323

SUBJECT: PROVIDER ENABLED NETWORK INTEGRATION SYSTEMS, INC.  
Ref. Number: P05000037221

We have received your document for PROVIDER ENABLED NETWORK INTEGRATION SYSTEMS, INC. and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

All we received was the Cover Letter, please enclose a complete set of Articles of Dissolution.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum  
Document Specialist

Letter Number: 805A00042686

## 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:  
Provider Enabled Network Integration Systems, Inc.

SECOND: The document number of the corporation (if known): 05000037221

THIRD: The file date of the articles of incorporation: 7/10/2005

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 12th day of July, 2005.

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.)

Michael Lynch

(Typed or printed name of person signing)

Pres.

(Title of person signing)

FILED  
05 JUL 18 AM 8:20  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

Filing Fee: \$35