

1  
A05000041122

(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:

Office Use Only



500129570445

05/16/08--01013--012 \*\*35.00

FILED  
08 MAY 16 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TS  
5510  
20/2/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Healthcare Informating Consulting Corp

**DOCUMENT NUMBER:** 607.1403

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

Please return all correspondence concerning this matter to the following:

Mary Miller

(Name of Contact Person)

(Firm/Company)

3670 Morrison Way

(Address)

Doylestown, PA 18902

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Miller

(Name of Contact Person)

at ( 215 ) 230-4363

(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:

Healthcare Information Consulting Corp.

SECOND: The document number of the corporation (if known): P05000041122

THIRD: The date dissolution was authorized: November 30, 2007

Effective date of dissolution if applicable: \_\_\_\_\_  
(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 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)

MARY MILLER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED  
00 MAY 16 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35