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(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT: Dissolution DOCUMENT NUMBER: 51-80/3340 255-6 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person)

SUNCOAST MEDICAL TECHNOLOGIES

(Firm/Company)

417 12<sup>TH</sup> STREET WEST SUITE 204

(Address)

Brapenton, FLorida 34205

(City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) at (941) 748-7588

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ✓\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

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	<b>:</b> :	
	SUNCOAST MEDICAL TECHNOLOGIES, INC.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The file date the articles of incorporation: 03-22-05		
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)	90	SIVIC
	A majority of the incorporators authorized the dissolution.	FEB	ORE T
	☐ A majority of the directors authorized the dissolution.	06 FEB 17 AM11:15	ARY OF STATE CORPORAT
Sign	ature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporate in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)  (Included Christophia Christophi	or ~ if	TIONS
	(Title of Person Signing)		

Filing Fee: \$35