

POS000047543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

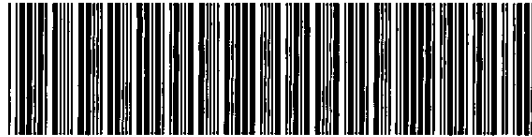
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500086432695

02/02/07--01018--013 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 FEB -2 PM 12:42

Ps 2/5/07
DLS

BASIC ACCOUNTING SERVICES INC.

Requestor's Name
692 W. 29 St. Ste #9
Address
Hialeah Florida 33012
City State Zip
305 887 4185
Phone#

CORPORATION NAME

Escalpio Medical Center Inc.

() PROFIT CORPORATION () NON PROFIT CORPORATION
() LIMITED PARTNERSHIP () ANNUAL REPORT () RESERVATION
() REINSTATEMENT (X) OTHER *Dissolution*
() CERTIFIED COPY () PHOTO COPIES () CERTIFICATE
UNDER SEAL
() WALK IN () WILL WAIT () MAIL OUT () CALL () AFTER 30

Name
Availability

Document
Examiner

Updater

Updater
Verifier

Acknowledgment

W.P. Verifier

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 FEB -2 PM 12:42

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 is _____

_____ ESCULAPIO MEDICAL CENTER INC. P 05000047543 _____

SECOND: The date dissolution was authorized 1-24-07

THIRD : Adoption of Dissolution (CHECK ONE)

XX Dissolution was approved by the shareholders. the number of votes cast for dissolution was sufficient for aproval.

 Dissolution was approved by the vote of the shareholders through voting groups.

The followig statement must be separately provided for each voting group entiled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was was sufficient for aprovalty

(voting group)

Signed this 30 day of January 20 07

Signature 
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Carmen C. Gutierrez

(Typed or printer name)

Director, President

(Title)