

P050000592P3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

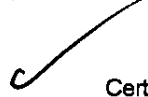
☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies



Certificates of Status



Special Instructions to Filing Officer:

Office Use Only



500081077605

EFFECTIVE DATE
10-21-01

10/25/06--01012--009 **52.50

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FILED
06 OCT 25 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts OCT 30 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Health Supply of Miami, Inc.

DOCUMENT NUMBER: P05000059283

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

Please return all correspondence concerning this matter to the following:

Michael B. Berenguer

(Name of Contact Person)

(Firm/Company)

12700 SW 13th manor

(Address)

Davie, FL 33325

(City/State and Zip Code)

For further information concerning this matter, please call:

Yudy Valdes

(Name of Contact Person)

at (786) 417-6178

(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

EFFECTIVE DATE
10-31-06

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:

Medical Health Supply of Miami, Inc.

SECOND: The document number of the corporation (if known): P05000059283

THIRD: The date dissolution was authorized: 10/03/06

Effective date of dissolution if applicable: 10/31/06
(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.

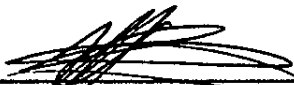
☐ Dissolution was approved by the shareholders through voting groups.

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)

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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 B. Berenguer

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35