P05000059283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE 10-31-06

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 at (786) 417-6178
(Name of Contact 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, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE 10-31-06

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:

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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TALLAHASSEE, FLORIDA

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