

P05000063721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

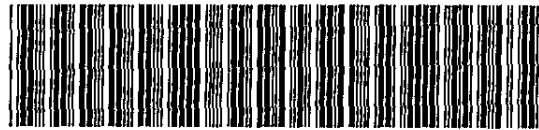
(Business Entity Name)

(Document Number)

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05/03/06 01:08:04 \*0500

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DIVISION OF CORPORATIONS  
06 MAY -3 PM 3:58

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w/Notice

DC 05/10/06

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Novation Medical, Inc.

**DOCUMENT NUMBER:** P05000063721

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

Please return all correspondence concerning this matter to the following:

Donna L. Draves, Esq.

(Name of Contact Person)

The Draves Law Firm, P.A.

(Firm/Company)

120 East Concord Street

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Donna L. Draves

(Name of Contact Person)

at ( 407 ) 423-1183

(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:  
Novation Medical, Inc.

SECOND: The document number of the corporation (if known): P05000063721

THIRD: The date dissolution was authorized: May 1, 2006  
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 of 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)

Donald E. Silvey

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Novation Medical, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name and address of claimant; detailed description of the claim; date on which  
the claim accrued; first date on which the Corporation was notified of the claim; the dates  
of any subsequent notices; name, mailing address, telephone number and fax number of  
a person who may be contacted for additional information about the claim; any other useful  
information for settlement.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Novation Medical, Inc.

c/o Donald E. Silvey

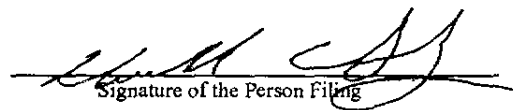
4220 NE 30th Terrace

Lighthouse Point, Florida 33064

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Donald E. Silvey

Printed Name of the Person Filing

  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00