## PD5.00085876

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Fixs+ Choice Medical Billing I'
DOCUMENT NUMBER: P05000858 76
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Morailys 2. Mino (Name of Contact Person)
First Choice Medical Billing (Firm/Company)
13512 SW 9LA (Address)
Miami FC 33184 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 297-0716 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee,  Certificate of Status & Certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## 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:
	First Choice Medical Billing Inc
SECOND:	The document number of the corporation (if known): P0500085876
THIRD:	The file date the articles of incorporation: $06/15/200.5$
FOURTH:	(CHECK ATLEAST 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)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature:  (By a director, president or filter officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, drustee, or other court appointed fiduciary, by that fiduciary.)
	Morailys Z. Mino (Typid or printed name of person signing)
	President (Title of Person Signing)

Filing Fee: \$35