

FROM : LAZARUS

FAX NO. : 3052201440

May. 15 2009 03:06PM P1  
<https://enic.suabaz.org/scripts/ethicovr.exe>

# P05000104138

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((H09000122912 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

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TALLAHASSEE, FLORIDA

2009 MAY 15 AM 8:07

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## DISSOLUTION OR WITHDRAWAL

### HIALEAH MEDICAL SUPPLIES CORP

Certificate of Status	0
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Page Count	02
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*5-18-09*

FROM : LAZARUS

FAX NO. : 3252201440

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### ARTICLES OF DISSOLUTION

In 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:

HIACLEAH MEDICAL SUPPLIES CORP

SECOND: The document number of the corporation (if known): P05000104138

THIRD: The date dissolution was authorized: 5-15-09

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 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).

PEDRO MANGANO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA

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