

P05000131092

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000189261 3)))



H060001892613ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC
Account Number : 120060000012
Phone : (305) 826-3886
Fax Number : (305) 722-0535

RECEIVED

06 JUL 26 AM 8:00

DIVISION OF CORPORATIONS

DISSOLUTION OR WITHDRAWAL

ADVANCE HEALTH SUPPLY INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL 26 PM 1:22

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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:

ADVANCE HEALTH Supply Inc.

SECOND: The document number of the corporation (if known): PO5000131092

THIRD: The file date of the articles of incorporation: 09/23/2005

FOURTH: (CHECK AT LEAST 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.

Signature: X

(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.)

Juan C. Consuegra

(Typed or printed name of person signing)

DIRECTOR

(Title of Person Signing)

Filing Fee: \$35

FILED
06 JUL 26 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FL 32304