

P05000152425

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

01/27/06--01033--018 **52.50



Elizabeth Morfa
Certified Legal Assistant
Phone 305-679-5700
Fax 305-679-5710
emorfa@joneswalker.com

Via Federal Express

January 26, 2006

Department of State
Division of Corporation
409 E. Gaines Street
Tallahassee, FL 32399

Re: Universal Medical Plan, Inc.

Gentlemen:


Enclosed please find Articles of Dissolution of Universal Medical Plan, Inc., with a check made payable to the Florida Department of State, in the amount of \$52.50 representing the following:

\$35.00 filing fee
\$8.75 certified copy
\$8.75 certificate of status

We are also enclosing a federal express envelope for your use in returning a file-stamped copy of the referenced articles.

If you have any questions or I may be of further assistance, please contact me at (305) 679-5770. Thank you for your courtesy.

Sincerely,


Elizabeth Morfa
Certified Legal Assistant

Enclosures

C: Yvonne G. Grassie, Esq.

{M0012910.1}

JONES, WALKER, WAECHTER, POITEVENT, CARRÈRE & DENÈGRE L.L.P.

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BATON ROUGE HOUSTON LAFAYETTE MIAMI NEW ORLEANS WASHINGTON, D.C.

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:

Universal Medical Plan, Inc.

SECOND: The document number of the corporation: P05000152425

THIRD: The file date of the articles of incorporation: November 16, 2005

FOURTH: ☒ 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

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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 the fiduciary.)

Manuel F. Fernandez M.D.

(Typed or printed name of person signing)

President

(Title of Person Signing)

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