

P06000027227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

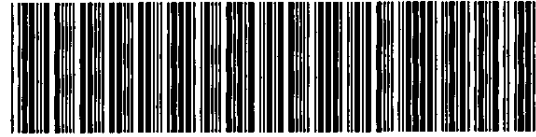
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 AUG -8 PM 4:19

DOR
8/17/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Voluntary Corporation Dissolution

DOCUMENT NUMBER: P06000027227

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

Please return all correspondence concerning this matter to the following:

Mayra Diaz

(Name of Contact Person)

St. Clara Medical Equipment Corp.

(Firm/Company)

403 West 29th Street

(Address)

Hialeah, Florida 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

Mayra Diaz

(Name of Contact Person)

at (305) 789-2738

(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

MAYRA DIAZ

August 7, 2006

SENT VIA OVERNIGHT EXPRESS

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Voluntary Dissolution of St. Clara Medical Equipment, Corp.
Document Number: P060000027227

Dear Sir or Madam:

Enclosed herein is a check in the amount of \$43.75, as well as the original executed documents regarding the Voluntary Dissolution of the above-referenced corporation.

Please do not hesitate to contact the undersigned should you have any questions or require further information.

Sincerely,


MAYRA DIAZ

MD:mo
ENCL.

ARTICLES OF DISSOLUTION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 AUG -8 PM 4:19

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:

St. Clara Medical Equipment Corp

SECOND: The document number of the corporation (if known): P06000027227

THIRD: The file date of the articles of incorporation: Feb. 22, 2006

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:

President

(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.)

Mayra Diaz

(Typed or printed name of person signing)

(Signature)
(Title of Person Signing)

Filing Fee: \$35

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: St. Clara Medical Equipment Corp

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:

This is a Voluntary Corporate Dissolution. At this time there are no
claims or allegations and none are expected. The business has not
prospered or advanced in the least.

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

Mayra Diaz

403 West 29 Street

Hialeah, Florida 33010

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.

Mayra Diaz

Printed Name of the Person Filing

X 

Signature of the Person Filing

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