

FROM : LAZARUS
Division of Corporations

FAX NO. : 3052201440

May 15, 2007 02:25 PM P1
https://efiling.sosfl.gov/scripts/print.asp

P06000051443

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.

(((H070001328173)))



H070001328173ABC\$

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 15 PM 4:15

FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN

NR MEDICAL SUPPLY, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

07 MAY 15 AM 8:00

DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

William. Diss.
05-16-07

H 0 7 0 0 0 1 3 2 8 1 7

ARTICLES OF DISSOLUTION

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:

NR Medical Supply, INC

SECOND: The document number of the corporation (if known): P06 000051443

THIRD: The date dissolution was authorized: 5/15/07

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: *L. Trujillo*

(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)

Lorenzo Trujillo

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

H 0 7 0 0 0 1 3 2 8 1 7

FILED
07 MAY 15 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA