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## **COVER LETTER**

Division of Corporations		
SUBJECT: Articles of Dissolution Filing		
Docooo		
DOCUMENT NUMBER: PUOUUUO 1803		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Wilfredo Gonzalez		
(Name of	Contact Person)	
Ideal Medical Center of Miami, Inc.		
(Firm/Company)		
995 N. Miami Beach Blvd. Suite 100		
(Address)		
N. Miami Beach, FL 33162		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Victor Lugo	at (305 ) 957-0017	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	ınt:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 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

## ARTICLES OF DISSOLUTION IDEAL MEDICAL CENTER OF MIAMI, INC. A FLORIDA CORORATION

## THIS IS TO CERTIFY THAT:

FIRST: The name of the corporation (the "Corporation") is Ideal Medical Center of Miami, Inc. The Corporation was formed on May 1, 2006 and assigned document number P06000061805.

SECOND: The effective date of dissolution of the Corporation is March 31, 2013.

THIRD: The Corporation is hereby dissolved in accordance with the unanimous written consent of the shareholders of the Corporation, which consent constitutes the number of votes sufficient for approval.

WITNESS the hands of the undersigned constituting the shareholders of the Corporation, this 31st day of March, 2013.

Wilfredo Konzalez, Spareholder

Octavio A. Bravo, Shareholder

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ECRETARY OF STATE
ALLAMASSES ENGINE