

P06000064533

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*dis*  
C.COULLETTE

JUL 22 2010

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FIRST CLASS MEDICAL DIAGNOSTICS INC

**DOCUMENT NUMBER:** P0600004533

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

Please return all correspondence concerning this matter to the following:

RENES CASTOR

(Name of Contact Person)

OLYMPIA MEDICAL CENTER, INC

(Firm/Company)

3933 N. HAVERHILL ROAD, SUITE 115

(Address)

WEST PALM BEACH, FLORIDA 33417

(City/State and Zip Code)

For further information concerning this matter, please call:

RENES CASTOR

(Name of Contact Person)

at (561) 478-7659

(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 & Certificate of Status & 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

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:

FIRST CLASS MEDICAL DIAGNOSTICS, INC.

SECOND: The document number of the corporation (if known): P06000064533

THIRD: The date dissolution was authorized: 7-12-2010

Effective date of dissolution if applicable: 7-12-2010  
(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: *Renes Castor*

(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)

RENES CASTOR

(Typed or printed name of person signing)

~~VICE~~ PRESIDENT

(Title of person signing)

Filing Fee: \$35

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