

POL 000075168

Victor N. Alvarado
2049 DARLIN Circle
Orlando, FL 32820

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

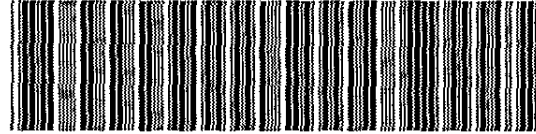
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE AS TO MINUTES OF MEETING OF DIRECTORS:

I, victor noel alvarado, secretary of Alvarado S incorporation,P.A Company, certify that the above is a true and correct transcript from the minutes of a special meeting of board of directors of ALVARADO S INC,P.A Company held at 8853 Commodity cicle Suite#2 on 09/20/200 and that the meeting was duly called and held in all respects in accordance with the laws of the State of Florida and bylaws of the company and that a quorum was present.

[Add if desired] I further certify that the votes and resolutions of the board of directors of ALVARADO S INC,P.A Company at the meeting are operative and in full force and effect and have not been annulled or modified by any vote or resolution passed or adopted by the board since that meeting.

DISCLAIMER

- 1..To name Leda A. Alvarado Vp and treasure holding a 45% of share.
- 2.To name Victor Noel Alvarado,Medical Doctor President and secretary of Alvarado S Inc,P.A holding a 55% of share.
- 3.the Corporation will be dedicated to Provide Medical care following the standar of care and Federal/State Law.Our phylosofy is to care,listen and empathy.
- 4..The cost to any body with not Medical Insurance will be an amount acceptable.
- 5.All the Medical equipment/computers belongs to Victor Alvarado,M.D who purchases in different institution.
- 6.We have a complete Electronic Medical record who I am leasing and I responsible of them and privacy will be follow according to HIPAA and any Federal or State Law.
- 7.We are a private institution who follow ADA regulation and provide care regardless race,religion,ethnicity and we are open to discuss and show to any patient his or her medical record.In the end we encourage every body to get engage in their personal care.


Victor n. Alvarado,Medical Doctor

Sec/Pre. 09/24/2006

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:

ALVARADO - FORTES INCORPORATION -

SECOND: The document number of the corporation (if known): P06000075168

THIRD: The date dissolution was authorized: 9/19/2006

Effective date of dissolution if applicable: 9/19/2006
(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

- VICTOR ALVARADO, Medical Doctor President/Medical Director
(voting group)
- LEDA ALVARADO, TREASURE Owner of the Building

Signature: Victor N. Alvarado M.D. / President / Medical Director
(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)

VICTOR NOEL ALVARADO, Medical Doctor
(Typed or printed name of person signing)

President / Medical Director / only Provider
(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ALVARADO-FORTES INC

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: AS Medical Doctor I Have
that working with Mercedes Fortes is not the Best for a Medical office.
AS September 19, 2006 Mrs Fortes And Mr Wilson
Fortes After A disagreement, they requested To get
OUT the Corporation LEDA ALVARADO and VICTOR
ALVARADO agreed and we want To dissolve the corpo-
RATION/we have not commenced business and the ISSUES OF
SHARES has not Be done due To Failure OF FILE FORTES
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

CLAIMS could Be sub-MITTED To
VICTOR N. ALVARADO, M.D. DR. Doctor
3853 COMMODITY circle #2
ORLANDO, FL 32819. Phone 407-925-7034

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.

Victor N. Alvarado

Printed Name of the Person Filing

Victor N Alvarado

Signature of the Person Filing

09/24/06

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