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SECRETARY OF STATE
ALLAHASSEE, FLORID.

355 1 6 2008

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: (DEPORATE DISSOLUTION
DOCUMENT NUMBER: £0600078488
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSEPH JDICULA (Name of Contact Person)
JDICULA MEDICAL ASSOC. MD, PA (Firm/Company)
10045 CORTEZ BLVD
(Address)
DLOOKS VILLE, FL 34613
(City/State and Zip Code)
For further information concerning this matter, please call:
BALBALA GOFF at (352) 596. 4660 X21 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Striling Fee Status Sta
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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:
	EXECUTIVE HEART SCANS INC
SECOND:	The document number of the corporation (if known): PO600078488
THIRD:	The file date of the articles of incorporation: $(0/7/2004)$
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.
	SSEE SSEE
	TES 3 IN
Signa	ature: S S S S S S
	(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.)
	JOSEPH JDICULA (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of Person Signing)

Filing Fee: \$35