

## 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.

(((H080001159713)))



H080001159713A8C%

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)617~6380

From:

Account Name :: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019
Phone: (305)552-5973
Fax Number: (305)220-1440

PORATE FILING SERVICE, INC.

## DISSOLUTION OR WITHDRAWAL

KEVIN MEDICAL SERVICES, CORP.

Certificate of Status	<u> </u>
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



4/30/2008 10:07 AM



FAX NO. :3052201440 4/30/2008 2:34 PAGE 001/001 Apr. 30 2008 03:10PM P2

Florida Dept of State

April 30, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TEVIN MEDICAL SERVICES, CORP. 276 BIRD ROAD (SW 40 ST) HAMI, FL 33165

UBUECT: KEVIN MEDICAL SERVICES, CORP. EFT P06000103858

received your electronically transmitted document. However, the ocument has not been filed. Please make the following corrections and afax the complete document, including the electronic filing cover sheet.

he current name of the entity is as referenced above. Please correct our document accordingly.

lease return your document, along with a copy of this letter, within 60 lys or your filing will be considered abandoned.

you have any questions concerning the filing of your document, please (850) 245-6892.

na Roberts
gulatory Specialist II

FAX Aud. #: H08000115971 Letter Number: 208A00026993

ZOUR APR 30 AM 8: 00
SECRETARY OF STATE
ALASSEE. FLORIDA

Apr. 30 2008 03:10PM P3

FILED

## H08000115971

08 APR 30. AM 10: 28

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: TRST: The name of the corporation as currently filed with the Florida Department of State: RCOND: The document number of the corporation (if known): The date dissolution was authorized: Effective date of dissolution if applicable (no more than 90 days after dissolution file date) 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: (By a director, president or other ufficer - 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)

(Title of person signing)

Filing Fee: \$35