

P060001070L5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

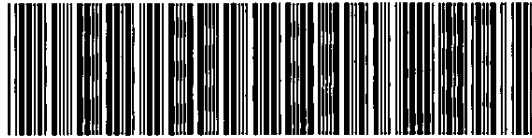
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500156045365

05/26/09--01020--022 \*\*43.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 MAY 26 PM 2:07

16KDS  
4/26/09  
5/2/09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2009

MARISELA IGLESIAS  
1761 SW 11TH STREET  
MIAMI, FL 33135

SUBJECT: PARAMEDIC EVALUATION SERVICES, INC.  
Ref. Number: P06000107015

We have received your document for PARAMEDIC EVALUATION SERVICES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 609A00016658

## 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:

PARAMEDIC EVALUATION SERVICES, INC.

SECOND: The document number of the corporation (if known): P06000107015

THIRD: The date dissolution was authorized: 04/30/09

Effective date of dissolution if applicable: 04/30/09

(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: X

(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)

ADRIANA RODRIGUEZ CORZON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
09 MAY 26 PM 2:07