

P060000120715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

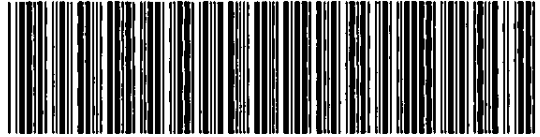
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2008 FEB 25 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution

TB

2-26-08

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:
PB MEDICAL SERVICE CORP

DOCUMENT NUMBER: P06000120715 The

enclosed **Articles of Dissolution** and fee are submitted for filing. Please return all
correspondence concerning this matter to the following:

PAVEL L RUIZ

3654 NW 20 ST

MIAMI, FL 33142

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

PB MEDICAL SERVICE CORP.

SECOND: The document number of the corporation (if known): P06000120715

THIRD: The date dissolution was authorized: MAY 31, 2007

Effective date of dissolution if applicable: MAY 31, 2007

(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.

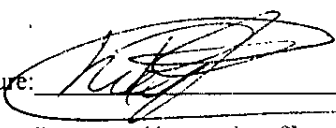
☐ Dissolution was approved by of the shareholders through voting groups.

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)

Signed this 8th day of February _____, 2008

Signature: 

(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)

(Typed or printed name of person signing)

PAVEL L RUIZ

(Title of person signing)

PRESIDENT

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE