

P06000135162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

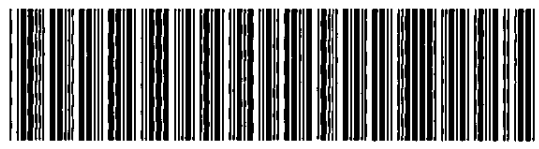
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000138120940

*disc*

11/26/08--01010--017 \*\*35.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

08 NOV 26 AM 10:53

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 NOV 26 PM 1:02

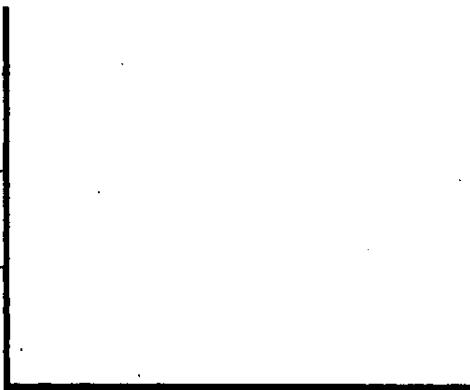
FILED

*AR*  
*11/26/08*

**LAZARUS**  
**CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**



Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- 1. JENELTO MEDICAL Billing SERVICES,  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #) *INC.*
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in       Pick up time 2.00       Certified Copy
- Mail out       Will wait       Photocopy       Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

**Examiner's Initials**

ARTICLES OF DISSOLUTION

FILED  
2008 NOV 26 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Section 607.1403, Florida Statutes, this Florida profit corporation has adopted the following articles of dissolution:

FIRST: The name of the Corporation is: JENELJO MEDICAL BILLING SERVICES, INC.

SECOND: The date of dissolution was authorized: November 1, 2008

THIRD: 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 vote 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 24<sup>th</sup> day of November of 2008

Signature: \_\_\_\_\_

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Elena Acosta

(Typed or printed name)

President

(Title)

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn to and subscribed before me today November 24, 2008 at Miami, FL by Mr. Elena Acosta, who personally appeared before me.

\_\_\_\_\_  
Notary Public - State of Florida

My Commission Expires:

