

P06000140259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

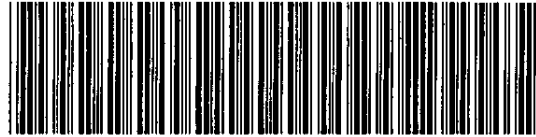
(Business Entity Name)

(Document Number)

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07 MAR - 8 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

dis
G. Gouthro MAR 12 2007

BASIC ACCOUNTING SERVICES INC.

Requestor's Name

692 W. 29 St. Ste #9

Address

Hialeah

Florida

33012

City

State

Zip

305 887 4185

Phone#

CORPORATION NAME

Vida Medical Equipment Inc

FROM

BASIC ACCOUNTING SERVICE

692 West 29 Street #9

Hialeah, FL 33012

() NON PROFIT CORPORATION

() LIMITED PARTNERSHIP

() ANNUAL REPORT

() RESERVATION

() REINSTATEMENT

(X) OTHER

Dissolution

() CERTIFIED COPY

() PHOTO COPIES

() CERTIFICATE
UNDER SEAL

() WALK IN () WILL WAIT () MAIL OUT () CALL () AFTER 30

Name

Availability

Document

Examiner

Updater

Updater

Verifier

Acknowledgment

W.P. Verifier

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 is _____

VIDA MEDICAL EQUIPMENT INC. P 06000140259

SECOND: The date dissolution was authorized 2-27-07

THIRD: Adoption of Dissolution (CHECK ONE)

☒ XX Dissolution was approved by the shareholders. the number of votes cast for dissolution was sufficient for aproval.

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

The followig statement must be separately provided for each voting group entiled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was was sufficient for aprovalty

(voting group)

Signed this 27 th day of February 20 0-7

Signature X [Signature]
By the Chairman or Vice Chairman of
the Board, President, or other officer)

Roberto Mendez

(Typed or printer name)

Director/President

(Title)

07 MAR - 8 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED