

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 Phone Fax Number

: (305)634-3694 : (305)633-9696

DISSOLUTION OR WITHDRAWAL

PROFESSIONAL BILLING SYSTEMS CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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9/18/2007 1:57 PM

EMPIRE CORP KIT

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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:							
	PROFESSIONAL BILLING SYSTEMS CORP.	_						
SECOND:	ID: The document number of the corporation (if known): P 06000148022							
THIRD:	The date dissolution was authorized: 09/18/2007			-				
	Effective date of dissolution if applicable: 09/18/2007 (no more than 90 days offer dissolution file date)							
FOURTH:	Adoption of Dissolution (CHECK ONE)							
	Dissolution was approved by the shareholders. The number of votes can was sufficient for approval.	st for dis	solutio	on				
	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	SECRETA ALLAHA	07 SEP	7				
	(voting group)	\RΥ SSE	8	=				
\$	Signature: X Daniel	OF STATE	AH 11: 24	アドの				
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporation - if in-the hands of a receiver, trustee, or other cours appointed fiduciary, by that fiduciary)	; y						
_	ESTEBAN CARABEO							
	(Typed or printed name of person signing)							
	REGISTERED AGENT							
	(Title of person signing)							

Filing Fee: \$35

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Pl	ROFESSIONAL BIL	LING SYS	TEMS CORP.	
Date of dissolution will be specified in the Articles of	the date the dissolution is file. Dissolution.	ed with the Depe	utment of State or as	ı
Description of information	that must be included in a cl	aim:		
N/A				
				
		<u> </u>		
	-			
Mailing address where cla	ims can be sent: (Claims can	ot be sent to the	Division of Corpora	tlons)
N/A_				
				
	· · ·			
	H-11	· · · · · · · · · · · · · · · · · · ·		
A claim against the above a within 4 years after the fill	named corporation will be bang of this notice.	rred uniess a pro	occding to enforce th	ue claim is commenced Λ
		1)
	AN CARABEO	<u> </u>	Signature of the Per	on Filine
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Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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