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ALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: Dissolution
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Phaneuf (Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
2494 Brownwood dr.
2494 Brown wood dr.  (Address)  Mulberry, Fl. 338-60  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Mark Phane at (865) 899-5351 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, \$\bigcom \\$Certificate of Status & \$\bigcom \\$Certified Copy & \$\bigcom \\$Certified C
Obstrages Workers

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the

articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State: care meds, INC The document number of the corporation (if known): P0700003539 SECOND: The file date of the articles of incorporation: THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: to the shareholders, if shares were issued. Adoption of Dissolution (CHECK ONE) SEVENTH: A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. Signature: By a director, president of 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.)

Filing Fee: \$35