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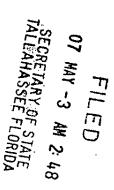
(Re	equestor's Name)			
(Ad	ldress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			
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COVER LETTER

	•
TO: Amendment Section Division of Corporations	· ·
SUBJECT: Clesing	Drepary.
DOCUMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
ana Ine	z Velazeo.
Forever He	Contact Person) Gical Equipment Comp
3468-W	Commany) 25 2157 #8103
Higleah &	dress) and Zip Code)
For further information concerning this matt	ter, please call:
(Name of Contact Person)	at (176-) 413-2549 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	nt:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & [Certificate of Status	\$43.75 Filing Fee & \$\ \text{\$\ S2.50 Filing Fee,} \\ \text{Certified Copy} & \text{Certificate of Status & } \\ \text{(Additional copy is enclosed)} & \text{(Additional copy is enclosed)} \end{array}
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:	
	Forever Medical Equipmenta	orp.	· _
SECOND:	The document number of the corporation (if known): P6700000	o45	59
THIRD:	The file date of the articles of incorporation:		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up have been distribute to the shareholders, if shares were issued.	ited	
SEVENTH:	I: Adoption of Dissolution (CHECK ONE)	SE O	ì
	A majority of the incorporators authorized the dissolution.	CRET	<u> </u>
	A majority of the directors authorized the dissolution.	A L	, 근
		F ST	≅ ⊂ ນ
		STATE STATE	
Sign	nature: MA Olwer		
	(By a director, president or other officer - indirectors or officers have not been selected, by an incor in the hands of a receiver, rustee, or other court appointed fiduciary, by that fiduciary.)	porator - 1	1
	Collo Inez blazco)	
	(Typed or printed name of person signing)		
	(Title of Person Signing)		

Filing Fee: \$35