# 107000048293

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#### COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: Dissolution of Corporation	
DOCUMENT NUMBER:P07000048293	
The enclosed Articles of Dissolution and fee are submitte	ed for filing.
Please return all correspondence concerning this matter to	the following:
Rafael Otano, Jr.	
(Name of Contact Person	)
Med Bridge, Inc.	
(Firm/Company)	
16535 SW 10th Street	· .
(Address)	
Miami, FL 33154	
(City/State and Zip Cod	le)
For further information concerning this matter, please call	l:
Wayne Whelchel, M.D. at ( 95 (Ar	rea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S35 Filing Fee \$\sum \\$43.75 Filing Fee \\$\sum \\$43.75 Filing Fee \\$\sum \\$Certificate of Status Certified Co (Additional cenclosed)	opy Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### FILED

## ARTICLES OF DISSOLUTION 19 AM IN SE

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation appropriate the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Med Bridge Inc
SECOND:	The document number of the corporation (if known): P07000048293
THIRD:	The date dissolution was authorized: June 04, 2008
	Effective date of dissolution if applicable: June 04, 2008  (no more than 90 days after dissolution file date)
FOURTH:	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 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
	Med Bridge, Inc., 100% Ownership and Incorporator, Rafael Otano, Jr. (voting group)
. :	Signature:  (By a diffector, president or other of ficer - 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)
	Rafael Otano, Jr.
	(Typed or printed name of person signing)
	President / Secretary / Director
	(Title of person signing)

Filing Fee: \$35

#### Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims gainst 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: Med Bridge, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as pecified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Person or entity filing claim, name of contact person, address, telephone numb
date service was rendered, specific service rendered, amount at issue and pro-
of claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Med Bridge, Inc.
Attn: Rafael Otano, Jr.
16535 SW 10th Street
Miami, FL 33154
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Rafael Otano, Jr.  Printed Name of the Person Filing  \$ ignature Af the Person Filing
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Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00