P07000057359

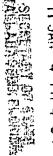
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
	:





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5/10/1/

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Corporation Dissolution	
DOCUMENT NUMBER: P070005735	59
The enclosed Articles of Dissolution and fee are submitted for f	filing.
Please return all correspondence concerning this matter to the fo	llowing:
Stace Wade (Name of Contact Person)	
Vantage Pointe Medical Bus (Firm/Company)	iness Solutions, Inc
1229 Winding Chase Blvd.	
Winter Springs, Fl 32708 (City/State and Zip Code)	3
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Stace Wade at (407) (Name of Contact Person) (Area Coo	1200069 le & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status & Certified Copy (Additional copy is enclosed)
Amendment Section A Division of Corporations D P.O. Box 6327	TREET ADDRESS: Immendment Section Division of Corporations Clifton Building 661 Executive Center Circle

Tallahassee, FL 32301

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:	_		
	Ventage Pointe Medical Business Solution	ms,-	Inc	· .	
SECOND:	The document number of the corporation (if known): PO7 000572	359			
THIRD:	The date dissolution was authorized: 12-1-10				
	Effective date of dissolution if applicable:	île date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast f was sufficient for approval.	or dissolu	ıtion		
	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				
	(voting group)				
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the lands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Stacey Wade (Typel or printed name of person signing) President	Secretary, or 1250s.	11 JAN -4 PH 4: 34		
	(Title of person signing)				

Filing Fee: \$35