

P07000064578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

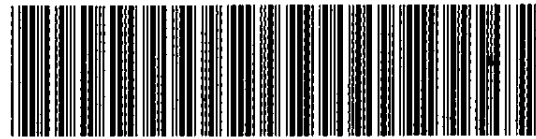
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Handwritten signature

04/08/08--01036--006 **43.75

FILED

2008 APR 23 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten: APR 5/2/08

Handwritten: *00789, 00721, 00524, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION FLA. HEALTH MED SERVICES

DOCUMENT NUMBER: P04000064578

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL L. GUADAGNO

(Name of Contact Person)

(Firm/Company)

7801 SE 133 CT

(Address)

MIAMI, FL 33183

(City/State and Zip Code)

For further information concerning this matter, please call:


PAUL L. GUADAGNO

(Name of Contact Person)

at (305) 386-3546

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2008

Paul L. Guadagno
7801 SE 133 Ct.
Miami, FL 33183

SUBJECT: FLA HEALTH MED SERVICES, INC.
Ref. Number: P07000064578

We have received your document for FLA HEALTH MED SERVICES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please sign the Articles of Dissolution as the president on the signature line provided on the dissolution form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 308A00021917

ARTICLES OF DISSOLUTION

FILED

2008 APR 23 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
FLA HELATH MED SERVICES, INC.

SECOND: The document number of the corporation (if known): P04000064578

THIRD: The date dissolution was authorized: 4/3/08
Effective date of dissolution if applicable: 4/3/08
(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

(voting group)

Signature: _____

(By a director, president or 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)

PAUL L. GUADAGNO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35