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SECRETARY OF STATE
OIVISION OF CORPORATIONS

AMD155 10,4.8.09

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

SUBJECT: DISSOLUTION OF A PROFIT CORPORATION **DOCUMENT NUMBER:** P07000087806 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUAN A GOMEZ (Name of Contact Person) PRIMECARE FAMILY CENTER (Firm/Company) 4131 SW 6TH STREET (Address) MIAMI, FLORIDA, 33134 (City/State and Zip Code) For further information concerning this matter, please call: JUAN A GOMEZ at (305) 443-5063 EXT. 18 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: X\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & \$\sum \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) STREET ADDRESS: MAILING ADDRESS: Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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:	
	ARBOR URGENT CARE, INC.	_	
SECOND:	The document number of the corporation (if known): P07000087806	_	
THIRD:	The file date of the articles of incorporation: 08/03/2007		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	X None of the corporation's shares have been issued.		
	X 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 distrito the shareholders, if shares were issued.	buted	
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.	0	SEVIOL
	X A majority of the directors authorized the dissolution.	09 APR -6	ECRETARY SION OF CO
Sian	nature:	AH II: 51	CRETARY OF STATE
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an in in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)		ऊ
	RENE CASANOVA (Typed or printed name of person signing)		
	PRESIDENT (Title of Person Signing)		

Filing Fee: \$35