P07000094164

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(City/State/Zip/Phone #)
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JUN 07 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

W. 1. X

SUBJECT: Dissolution of Diabetic	Health, Inc.
DOCUMENT NUMBER: P07000009	94164
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Helen Lurvey	
(Name of C	Contact Person)
Diabetic Health, Inc.	
(Firm	n/Company)
1829 Park Lane S, Ste 4	
(Ac	ldress)
Jupiter, FI 33458	
(City/Stat	e and Zip Code)
For further information concerning this matt	ter, please call:
Helen Lurvey	at (561) 745-9167 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amour	nt:
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: 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	f State	»:	
	Diabetic Health, Inc.	_		
SECOND: THIRD:	The document number of the corporation (if known): P070000094164 The file date of the articles of incorporation: 8/22/2007	-		
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 distrib to the shareholders, if shares were issued.	uted >∪		
SEVENTH:	<u> </u>		IL OI	75.00
	A majority of the incorporators authorized the dissolution.	T N	N -2	
	A majority of the directors authorized the dissolution.	HASSEE FLORING	0 JUN -2 AM 10: 48	Total Control Control
Sign	ature: Helen Gurvey			
	(By a director, president or other officer - if director of officers have not been selected, by an incoming the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	orporato	r - if	
	Helen Lurvey (Typed or printed name of person signing)			
	President (Title of Person Signing)			

Filing Fee: \$35