## P07000096556

	(Requesto	r's Name)	
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ELAHASSEE, FLORIDA

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: ANGIE DIAGNOSTIC & MEDICAL CENTER INC
DOCUMENT NUMBER: P07000096556
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LEYDY M GUZMAN
(Name of Contact Person)
(Firm/Company)
9600 SW 8 ST SUITE 17
(Address)
MIAMI FL 33174
(City/State and Zip Code)
For further information concerning this matter, please call:
LEYDY M GUZMAN at ( 786 ) 344-0569  (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee
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 108 OCT -9 PH 12: 47) TAELAHASSEE FLORE

## 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:
	ANGIE DIAGNOSTIC & MEDICAL CENTER INC .
SECOND:	The document number of the corporation (if known): P07000096556
THIRD:	The file date of the articles of incorporation: 08/28/2007
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 distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature:
·	(By a director, president of 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.)
	, GALIA ABAD
	(Typed or printed name of person signing)
	PRESIDENT/ DIRECTOR
	(Title of Person Signing)

Filing Fee: \$35