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COVER LETTER

TO: Amendment Section Division of Corporations

(ORPORATE DISSOLUTION SUBJECT: 807000118284 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHRis CASTELLO

(Name of Contact Person)

(Firm/Company)

2415 NW 354 STREET (Address)

BOCH RATM, FL 33/31 (City/State and Zip Code)

For further information concerning this matter, please call:

CHRis CASTELLO	at (54 ()	789-2967
(Name of Contact Person)		2 Daytime Telephone Number)
Enclosed is a check for the following amou	ant:	
₩\$35 Filing Fee ↓\$43.75 Filing Fee & Certificate of Status	Service Certified Copy (Additional copy is enclosed)	S52.50 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	Ame Divi Clift 2661	EET ADDRESS: endment Section sion of Corporations on Building Executive Center Circle shassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State: FIRST:

COMPLETE VISIM CARE, P.A. The document number of the corporation (if known): Po 7000 118286 SECOND: The file date of the articles of incorporation: 102920THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued.

The corporation has not commenced business.

- No debt of the corporation remains unpaid. FIFTH:
- The net assets of the corporation remaining after winding up have been distributed SIXTH: 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.

Signature:

m asfello

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

CHRIS CASTELLO (Typed or printed name of person signing)

residen

itle of Person Signing)

Filing Fee: \$35