P08000098555

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: BIOTOP HEALTHCA	ARE, INC.
DOCUMENT NUMBER: P080000	98555
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
RALPH PADRON	·
(Name o	f Contact Person)
PADRON & ASSOCIATES, IN	C
(Fi	irm/Company)
2095 W 76TH ST - SUITE 102	·
(Address)
HIALEAH, FL 33016	
. (City/S	tate and Zip Code)
For further information concerning this m	atter, please call:
RALPH PADRON	at (<u>305</u>). <u>818-0404</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
▼\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	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 State:
SECOND:	The document number of the corporation (if known): P08000098555
THIRD:	The file date of the articles of incorporation: 11/03/2008
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.
Signa	iture: (By a director, president for 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.)
	RONNIE ARENCIBIA (Typed or printed name of person signing)
	PRESIDENT (Title of Person Signing)

Filing Fee: \$35