

PO900004122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

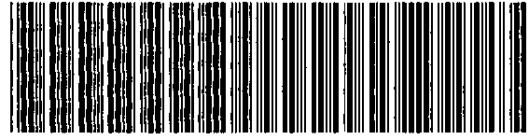
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400181310094

05/26/10--01010--006 \*\*52.50

APPROVED  
AND  
FILED

10 MAY 26 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DISC  
5/26/10  
TV

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** notice of corporate articles of dissolution.

**DOCUMENT NUMBER:** P09000014122

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aimee' Garcia

(Name of Contact Person)

Medico De La Familia

(Firm/Company)

865 EAST 10<sup>TH</sup> AVE.

(Address)

HIWALEAH, FL 33010

(City/State and Zip Code)

For further information concerning this matter, please call:

Aimee' Garcia

(Name of Contact Person)

at ( 305 ) 381-5165

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☒ \$52.50 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

**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 State:

Medico De La Familia, Corp.

SECOND: The document number of the corporation (if known): P09000014122

THIRD: The file date of the articles of incorporation: 02/12/2009

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.

Signature: \_\_\_\_\_

(By a director, president or 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.)

Guillermo CARBALIDO GONZALEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35



Abel Leyva  
Notary Public - State of Florida  
Commission No.: DD-882124  
Expires: Aug 20, 2013  
Notary Public Underwriters, Inc.  
Tallahassee, FL

10 MAY 26 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED