

PO9000019539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
13 DEC 23 PM 11:47

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Disse
Notice
DEC 26 2013
T. LEMIEUX



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 938018 4328337

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : December 23, 2013

ORDER TIME : 11:10 AM

ORDER NO. : 938018-005

CUSTOMER NO: 4328337

DOMESTIC FILINGS

NAME: PERRY LIFE SUPPORT SYSTEMS,
INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:
PERRY LIFE SUPPORT SYSTEMS, INC.

SECOND: The document number of the corporation (if known): P09000019539

THIRD: The date dissolution was authorized: December 16, 2013

Effective date of dissolution if applicable: December 31, 2013
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

Kerrigan Turner

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
13 DEC 23 PM 11:47
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: PERRY LIFE SUPPORT SYSTEMS, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:


Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

PERRY BAROMEDICAL CORPORATION
3750 PROSPECT AVENUE
RIVIERA BEACH, FL 33404

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Kerrigan Turner

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00