P09000020810

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies Certificates of Status		s of Status
Special Instructions to	Filing Officer:	
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TALLAHASSEE, FLORIDA

A D 155 M 5/19/10

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: MIRAMAR TOP HEALTH CARE IN	NC
DOCUMENT NUMBER: P09000020870	
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	
ANA M PENENORI MONTOTO	
(Name of Contact Person)	
MIRAMAR TOP HEALTH CARE INC	
(Firm/Company)	
8910 MIRAMAR PAKWAY SUITE 202	
(Address)	
MIRAMAR FL 33025	
(City/State and Zip Code))
For further information concerning this matter, please call:	
ANA M PENENORI MONTOTO at (786	205-4610
	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Certified Cop (Additional coenclosed)	
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:		
	MIRAMAR TOP HEALTH CARE INC		
SECOND:	The document number of the corporation (if known): P09000020870		
THIRD:	The file date of the articles of incorporation: 03/05/2009		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	(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 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.)		
	ANA M PENENORI MONTOTO		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of Person Signing)		

Filing Fee: \$35