

PO9000021913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

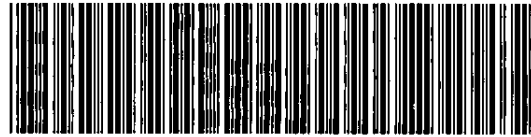
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200185412822

200185412822
09/24/10--01015--028 **43.75

Effective: 09/30/10

FILED
10 SEP 24 PM 2:12

Valid
w/Notice
9/24/10
Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF AUTOMATED HEALTHCARE SYSTEMS,
~~SYSTEMS~~ INC.

DOCUMENT NUMBER: P09000021913

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

Please return all correspondence concerning this matter to the following:

David ARTIS
(Name of Contact Person)

(Firm/Company)

2510 GALLAGHER RD.
(Address)

DOVER, FL. 33527
(City/State and Zip Code)

For further information concerning this matter, please call:

David ARTIS at (813) 842-6578
(Name of Contact Person) (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 607.1403, 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:

AUTOMATED HEALTHCARE SYSTEMS, INC.

SECOND: The document number of the corporation (if known): P0900002 R13

THIRD: The date dissolution was authorized: 09/16/2010

Effective date of dissolution if applicable: 09/30/2010
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE) Effective: 09/30/10

☒ 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: David Artis

(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)

DAVID ARTIS

(Typed or printed name of person signing)

PRESIDENT/CEO

(Title of person signing)

10 SEP 24 PM 2:12

FILED

Filing Fee: \$35

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: AUTOMATED HEALTHCARE 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:

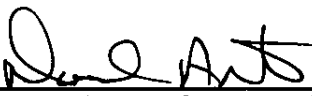
A MEETING OF THE OFFICERS WAS HELD 9/16/2010. ALL
MEMBERS ATTENDED. DUE TO A LACK OF REVENUE +
DEVELOPMENT ISSUES A MOTION WAS RECEIVED TO DISSOLVE
THE COMPANY. THE MOTION WAS PLACED TO VOTE AND WAS
APPROVED BY A UNANIMOUS ~~DECISION~~ ^{DECISION} TO DISSOLVE BY 9-30-2010.

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

DAVID ARTIS
2510 GALLAGHER RD.
DOVER, FL. 33527

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.

DAVID ARTIS
Printed Name of the Person Filing


Signature of the Person Filing