

P09000034426

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000162962 3)))



H110001629623ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

**DISSOLUTION OR WITHDRAWAL
RGM HEALTH SERVICES, CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

11 JUN 20 PM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 JUN 20 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VD

Electronic Filing Menu

Corporate Filing Menu

Help

726-20-4

H11000162962

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:

RGM HEALTH SERVICES, Corp

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

P09000034426

THIRD: The date dissolution was authorized:

06-20-11

Effective date of dissolution if applicable:

(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)

ESTEBAN PEREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

H11000162962

FILED
11 JUN 20 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA