90000048921

(Re	equestor's Name)	
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8/5/11

COVER LETTER

TO: Amendment Section	
⁷ Division of Corporations	
SUBJECT: DISSOLUTION OF S - COR	PORATION
	•
DOCUMENT NUMBER: (PO9000	<u> </u>
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
DARIO MARTINEZ (Name of Contact	et Person)
`	
AMARNA HEALTH SERVICES,INC (Firm/Com	pany)
3900 NW 79 AVE # 815	
(Address))
DORAL, FL 33166	
(City/State and	Zip Code)
For further information concerning this matter, pla	ease call:
DARIO MARTINEZ a	t (305) 436-1449
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	·
Certificate of Status Certificate Of Status (Add	3.75 Filing Fee & S52.50 Filing Fee, tified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) 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

FILED

ARTICLES OF DISSOLUTION

2011 AUG -4 AM 8: 49

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following OF STATE articles of dissolution:

TALLAHASSEE.FLORIDA

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	AMARNA HEALTH SERVICES,INC		
SECOND:	The document number of the corporation (if known): P09000048921		
THIRD:	The file date of the articles of incorporation: 06/01/2009		
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.		
Sign	ature: (By a director, president of 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.) DARIO MARTINEZ		
	(Typed or printed name of person signing)		
	PRESIDENT (Title of Remon State in a)		
	(Title of Person Signing)		

Filing Fee: \$35