

A09000063280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

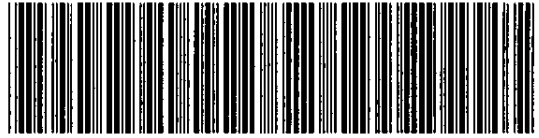
(Business Entity Name)

(Document Number)

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12/31/09--01018--009 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB -2 PM 1:20

*diss*  
C.COULLETTE  
Feb.-2, 2010  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Quick Care med, PA

**DOCUMENT NUMBER:** PO9000063280

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

Please return all correspondence concerning this matter to the following:

DACELIN ST. MARTIN  
(Name of Contact Person)

QUICK CARE MED, PA  
(Firm/Company)

1980 PROSPECT AVENUE  
(Address)

LECAWTO, FL 34460  
(City/State and Zip Code)

For further information concerning this matter, please call:

DACELIN ST. MARTIN at (352) 527 6888  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2010

DACELIN ST MARTIN  
QUICK CARE MED, PA  
1980 PROSPECT AVE  
LECANTO, FL 34460

SUBJECT: QUICK CARE MED, PA  
Ref. Number: P09000063280

We have received your document for QUICK CARE MED, PA and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 410A00000129

1/18/10

Please  
correction  
attached

RECEIVED  
2010 FEB - 1 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 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:

Quick Care med, PA

SECOND: The document number of the corporation (if known): P09000063280

THIRD: The date dissolution was authorized: 12/29/09

Effective date of dissolution if applicable: 12/29/09  
(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

~~100%~~ (N/A)  
(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)

DACELIN ST. MARTIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB -2 PM 1:20

Filing Fee: \$35