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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 Phone : (850)224-8870 Fax Number : (850)222-1222

DISSOLUTION OR WITHDRAWAL MEDWELL MEDICAL CENTERS INC

Certificate of Status	1
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation "Medwell Medical Centers Inc."		
DOCUMENT NUMBER: P100000044	199	
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
Huber Matos-Garsault, M.D.		
(Name of Co	ntact Person)	
(Firm/C	Company)	
8146 Bahla Blanca Street		
(Add	ross)	
Jacksonville, FL 32256		
(City/State	and Zip Code)	
For further information concerning this matter, please call:		
Nicci Moseley	at (904) 329-4630	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	,	
	\$43.75 Filing Fee & S52.50 Filing Fee, 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 Tallahassoe, 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:
	MEDWELL MEDICAL CENTERS INC
\$BCOND:	The document number of the corporation (if known): F1000004499
THIRD:	The file date of the articles of incorporation: 01/15/2010
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 shereholders, 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.
Signi	
argu	(By a director, freedent or other afficer - if directors or afficers have not been selected, by an interporator - if in the hands of a receiver, trusted, or other sear appointed fiduciary, by that fiduciary.)
	Huber Matos-Garsault, M.D.
	(Typed or printed name of person signing)
	Owner/President
	(Title of Person Stiming)

Filing Fee: \$35

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