

P100000034275

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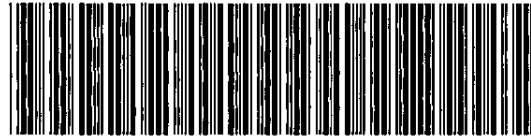
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of A1 Healthcare Supplies, Inc.

**DOCUMENT NUMBER:** P10000034275

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

Please return all correspondence concerning this matter to the following:

Kirill Men

(Name of Contact Person)

(Firm/Company)

1890 S. Ocean Dr. #1401

(Address)

Hallandale, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Kirill Men

(Name of Contact Person)

at ( 305 ) 904-4311

(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 607.1401, 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:

A1 Healthcare Supplies, Inc

SECOND: The document number of the corporation (if known): P100000 34275

THIRD: The file date of the articles of incorporation: 04/20/2010

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 shareholders, 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.

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.)

JOHN GERUN

(Typed or printed name of person signing)


VP

(Title of Person Signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35

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<b><u>Detail by Officer/Registered Agent Name</u></b>					
<b><u>Florida Profit Corporation</u></b>					
A1 HEALTHCARE SUPPLIES, INC					
<b><u>Filing Information</u></b>					
Document Number	P10000034275				
FEI/EIN Number	NONE				
Date Filed	04/20/2010				
State	FL				
Status	INACTIVE				
Effective Date	04/15/2010				
Last Event	ADMIN DISSOLUTION FOR ANNUAL REPORT				
Event Date Filed	09/23/2011				
Event Effective Date	NONE				
<b><u>Principal Address</u></b>					
366 S MAIN STREET BELLE GLADE FL 33430					
<b><u>Mailing Address</u></b>					
366 S MAIN STREET BELLE GLADE FL 33430					
<b><u>Registered Agent Name &amp; Address</u></b>					
GERUN, JOHN 366 S MAIN STREET BELLE GLADE FL 33430 US					
<b><u>Officer/Director Detail</u></b>					
<b>Name &amp; Address</b>					
Title P					
GERUN, JOHN W 366 S MAIN STREET BELLE GLADE FL 33430					
Title VP					
MEN, KIRILL 1000 PARKVIEW DRIVE 831 HALLANDALE FL 33009					
<b><u>Annual Reports</u></b>					
No Annual Reports Filed					
<b><u>Document Images</u></b>					

04/20/2010 -- Domestic Profit [\[View image in PDF format\]](#)

**Note:** This is not official record. See documents if question or conflict.

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