

P10000034304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900194384999

02/17/11--01024--021 **52.50

FILED
11 FEB 17 AM 10:44
SECRETARY OF STATE

Voldir.

DL
2/21/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Medical History Keeper, Inc.

DOCUMENT NUMBER: P10000034304

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

Please return all correspondence concerning this matter to the following:

Deborah Bennett

(Name of Contact Person)

Medical History Keeper, Inc.

(Firm/Company)

117 Casa Grande Court

(Address)

Palm Beach Gardens, FL 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Bennett

(Name of Contact Person)

561

779-6280

(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 607.1403, 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:
Medical History Keeper Inc

SECOND: The document number of the corporation (if known): P10000034304

THIRD: The date dissolution was authorized: December 31, 2010

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

Medical History Keeper Inc

(voting group)

Signature: Deborah Bennett

(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)

Deborah Bennett

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

11 FEB 17 AM 10:44

FILED