

P100000057468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

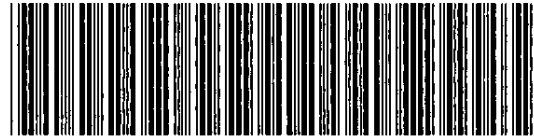
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/23/12--01028--024 **43.75

FILED
SECRETARY OF COMMERCE
DIVISION OF CORPORATIONS
12 JUL 23 PM 12:05

Art Diss/cus
w/notice
@ 7/24/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Star Medical Clinic, Inc

DOCUMENT NUMBER: P10000057468

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

Please return all correspondence concerning this matter to the following:

Larry Whitfield Sr.

(Name of Contact Person)

(Firm/Company)

P.O. Box 522

(Address)

Claymont, Delaware 19703

(City/State and Zip Code)

For further information concerning this matter, please call:

Larry Whitfield Sr.

(Name of Contact Person)

at (302)

312-9100

(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:

Star Medical Clinic, Inc

SECOND: The document number of the corporation (if known): P10000057468

THIRD: The file date of the articles of incorporation: 07/07/2010

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.)

Larry Whitfield Sr.

(Typed or printed name of person signing)

Vice President

(Title of Person Signing)

SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
12 JUL 23 PM 12:05

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Star Medical Clinic, Inc

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Star Medical Clinic, Inc is officially dissolved and no longer doing business as of 6/18/2012. Please Provide

1. The amount of the claim; 2. Legal name of the entity asserting the claim; 3. Identification or brief description of the agreement or other circumstances under which the claim arose; 4. Any other information the creditor believes useful

to verify the nature and the amount of the claim, including copies of any including copies of any relevant documents.

The deadline for submitting claims is 120 days from the date of the notice; Claims will be barred if not received by this deadline.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Star Medical Clinic, Inc

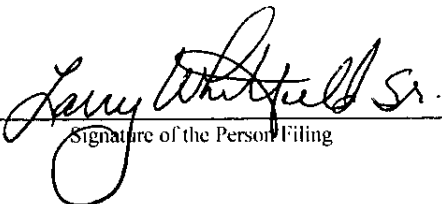
P.O. Box 522

Claymont, Delaware 19703

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Larry Whitfield Sr.

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00