

P100000061486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

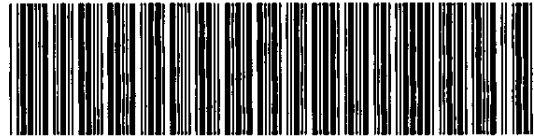
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 APR - 16 12:07
TALLAHASSEE, FLORIDA

APR 16 2014
R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2014

PENNY A SMITH
3502 CONCHO CT
RUSKIN, FL 33573

SUBJECT: MED-TEK MEDICAL BILLING SERVICES INC
Ref. Number: P10000061486

We have received your document for MED-TEK MEDICAL BILLING SERVICES INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Also, an officer/director must sign accepting the articles of dissolution.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 714A00006398

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MED-TEK MEDICAL BILLING SERVICES INC

DOCUMENT NUMBER: G-1000051230

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

Please return all correspondence concerning this matter to the following:

Penny A. Smith

(Name of Contact Person)

Med-Tek Medical Billing Services inc

(Firm/Company)

3502 Concho Court

(Address)

Ruskin, Florida 33573

(City/State and Zip Code)

For further information concerning this matter, please call:

Penny Smith

(Name of Contact Person)

at (**813**) **645-4829**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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:
Med-Tek Medical Billing Services Inc

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

THIRD: The date dissolution was authorized: **December 1, 2013**

Effective date of dissolution if applicable: **December 31, 2013**
(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

President, Vice President, Secretary and Treasurer
(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)

Penny A. Smith

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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14 APR - 36 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA