

P10000082305

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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03/29/11--01015--001 **35.00

FILED

2011 MAR 29 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rev. of Diss.
TBrown 3/31/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OPTIMUM MEDICAL CARE, INC

DOCUMENT NUMBER: P10000082305

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

Please return all correspondence concerning this matter to the following:

CLAUDE B ROMULUS

Name of Contact Person

CLAUDE B ROMULUS MD, MPH, PA

Firm/Company

6320 MIRAMAR PARKWAY, SUITE A

Address

MIRAMAR, FL, 33023

City/State and Zip Code

optimummedicalcare@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDE ROMULUS

Name of Contact Person

at (**954**) **534-9981**

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 REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is OPTIMUM MEDICAL CARE, INC

SECOND: The document number of the corporation (if known) is P10000082305

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 02 / 23 / 2011

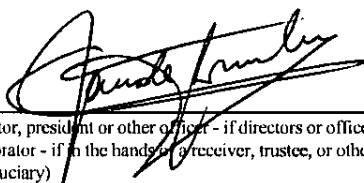
FOURTH: The Revocation of Dissolution was authorized on 03 / 23 / 2011

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors revoked the dissolution.
- ☐ The incorporators revoked the dissolution.
- ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☒ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
- ☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by _____ was sufficient for approval.
(voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

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)

CLAUDE ROMULUS, MD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
2011 MAR 29 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$35

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:
OPTIMUM MEDICAL CARE, INC.

SECOND: The document number of the corporation (if known): P10000082305

THIRD: The date dissolution was authorized: 02/01/2011
Effective date of dissolution if applicable: 02/01/2011
(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.

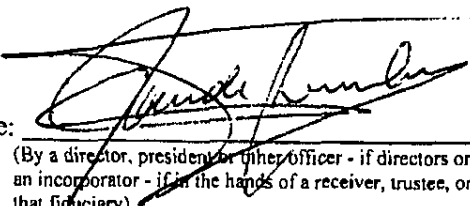
☐ Dissolution was approved by the shareholders through voting groups.

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

Claude Romulus, MD.

(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)

Claude Romulus, MD.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
11 FEB 23 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA