## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

AMERICAN MEDICAL BILLING CENTER INC.

SECOND: The document number of the corporation: P10000084947

THIRD: The date dissolution was authorized: December 31, 2012

FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution

was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DENYS GONCHAR P

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

## FILED Jan 16, 2013 Secretary of State

## **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.

Name of Corporation:

AMERICAN MEDICAL BILLING CENTER 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:

COMPANY WENT OUT THE BUSINESS. VP RESIGNED. P DECIDED TO DISSOLVE THE COMPANY.

Mailing address where claims can be sent:

1124 NW 13TH STREET APT 220A BOCA RATON, FL 33486

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DENYS GONCHAR

Electronic Signature of the Person Filing