P110000012542

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ززار C.COULLIETTE

MAR 18 2011

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: RANI MEDICAL CENTER II	NC
DOCUMENT NUMBER: P11000012542	
The enclosed Articles of Dissolution and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
ABDEL MURILLO	
(Name of Contact	Person)
RANI MEDICAL CENTER INC	
(Firm/Comp	any)
1280 SW 1 ST SUITE 1	
(Address)	
MIAMI, FL 33135	
(City/State and Z	ip Code)
For further information concerning this matter, plea	ase call:
ABDEL MURILLO	(_305) 300-3563
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certi (Addi	75 Filing Fee & \$\sum \\$52.50 Filing Fee, fied Copy Certificate of Status & tional copy is osed) (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:	TRST: The name of the corporation as currently filed with the Florida Department of State:			
	RANI MEDICAL CENTER INC			
SECOND:	The document number of the corporation (if known): P11000012542			
THIRD:	The file date of the articles of incorporation: 02/04/2011			
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.	i		
SEVENTH:	Adoption of Dissolution (CHECK ONE)	=======================================	AIV IS	
	A majority of the incorporators authorized the dissolution.	MAR	2 S	
	A majority of the directors authorized the dissolution.	17 P	ARY	
Sign	ature: (By a director) resident or other officer - if directors or officers have not been selected, by an incorpora in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) (Typed or printed name of person signing)	1 MAR 17 PM 3: 5-2	OF STATE.	
	(Title of Person Signing)			

Filing Fee: \$35