P11000014521

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Dissolution of corporation / BEST CARE MEDICAL S.A. INC
DOCUMENT NUMBER: P11000014521
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carlos Garcia
(Name of Contact Person)
(Firm/Company)
5569 Nw 72nd Ave
(Address)
Miami Florida 33166
(City/State and Zip Code)
For further information concerning this matter, please call:
Carlos Garcia at (
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \\$43.75 Filing Fee \\$ \$\times \\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) \$\times \\$43.75 Filing Fee \\$ \$\times \\$52.50 Filing Fee, Certificate of Status \\$ Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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:	
	BEST LARE MEDICAL SA, INC	
SECOND:	The document number of the corporation (if known): P11000014521	
THIRD:	The file date of the articles of incorporation: 02/10/2011	
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.	
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.)		
	CARLOS GARCIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of Person Signing)	

Filing Fee: \$35