P11000038066

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COVER LETTER

TO: Amendment Section **Division of Corporations**

Miami Comprehensive Medical Conter Mc SUBJECT:

P11000038066 **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

ANTONIO DIGZ
(Name of Contact Person)
MiAHI Comprehensive Medical Center Mi (Firm/Company)
(Firm/Company)
2550 NW 72 ave + 208
(Address)
MIAMI 12 33122
(City/State and Zip Code)

For further information concerning this matter, please call:

at $(\underline{\gamma}\underline{\gamma}\underline{0})$ <u>393</u> 2179 (Area Code & Daytime Telephone Number) 0110 (Name of Contact Person)

Enclosed is a check for the following amount:

1\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is

MAILING ADDRESS:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

enclosed)

STREET ADDRESS:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

TH JUN 5 AM 8:05 Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation subm articles of dissolution:

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

hensive Medical Center Onc

04/19

The document number of the corporation (if known): <u>P1100003</u>8000 SECOND:

The file date of the articles of incorporation: ____ THIRD:

(CHECK AT LEAST ONE BOX) FOURTH:

None of the corporation's shares have been issued.



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.
- Adoption of Dissolution (CHECK ONE) SEVENTH:

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.)

(Typed or printed name of person signing)

Filing Fee: \$35