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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I20000000195
Phone: (850)521-0821

DISSOLUTION OR WITHDRAWAL HEALTHEPATIENTS.COM, INC.

Certificate of Status	0
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SECRETARY OF STATE

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8-1-12

DC

COVER LETTER

TO:	Amendment Section		
	Division of Corporations		

SUBJECT: Articles of Dissolution of Hea	althepatients.com, Inc.
DOCUMENT NUMBER: P11000074125	
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Matthew Gabriel	
(Name of Contact I	Person)
Hutchison PLLC	
(Firm/Compa	ny)
301 E. Pine Street, Suite 275	
(Address)	
Orlando, FL 32801	
(City/State and Zi	p Code)
For further information concerning this matter, please	se call:
Matthew Gabriel at (407) 487-4660
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ied Copy Certificate of Status & conal copy is Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, 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 di	issolution:		
FIRST:	The name of the corporation as currently filed with the Florida Department of S Healthepatients.com, Inc.	State:	
SECOND:	The document number of the corporation (if known): P11000074125		
ΓHIRD:	The file date of the articles of incorporation: August 19, 2011		
FOURTH:	(CHECK AT LEAST ONE BOX)	28	73
	None of the corporation's shares have been issued.		12 JUL 31
	The corporation has not commenced business.	78.Y	
FIFTH:	No debt of the corporation remains unpaid.	17 cg	图 2:
SIXTH:	The net assets of the corporation remaining after winding up have been distribut to the shareholders, if shares were issued.	ted STATE	37
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Signa	ature: (By a director, president or other officer - if directors or officers have not been selected, by an incorry in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) David Williams (Typed or printed name of person signing)	Sociator - if	
	President		

Filing Fee: \$35

(Title of Person Signing)