

04/11/2030 04:14

#747 JEP. 0000002

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000142049 3)))



H120001420493ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

**DISSOLUTION OR WITHDRAWAL
VORTEX MEDICAL CENTER & MANAGEMENT SERVICES, INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

12 MAY 30 PM 4:22

FILED

Vadis.

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2012 MAY 30 AM 8:16

NOT RECORDED
TO AVOID
SUFFICIENCY OF FILING

05/31/12

DC

H 1 2 0 0 0 1 4 2 0 4 9

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:
VORTEX MEDICAL CENTER & MANAGEMENT SERVICES, INC

SECOND: The document number of the corporation (if known): P11DD0083796

THIRD: The date dissolution was authorized: 5/30/12

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: Alejandra C.
(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)

Alejandra Collazo
(Typed or printed name of person signing)

VP
(Title of person signing)

Filing Fee: \$35

H 1 2 0 0 0 1 4 2 0 4 9

FILED
12 MAY 30 PM 4:22