

P11000104043

#7474-001/002

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.

((H12000142053 3)))



H1200014205334BCS

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 TRANSPORTATION SERVICES, INC.

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

FILED
2012 MAY 30 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2012 MAY 30 AM 8:17

TO YOUR ELECTRIC
SUFFICIENCY

Electronic Filing Menu

Corporate Filing Menu

Help

5/31/12

H12000142053

ARTICLES OF DISSOLUTION

FILED

77474 P.002/002

2012 MAY 30 AM 9:30

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

VORTEX MEDICAL TRANSPORTATION SERVICES, INC.

SECOND: The document number of the corporation (if known): P11000104043

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

H12000142053