

04/12/2030

01:15

#7546 P.001/002

P11000105519

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.

((H12000142761 3)))



H120001427613ABCY

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
PROFESSIONAL HEALTH POINT CORP**

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

FILED
12 MAY 31 PM 12:20
STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2012 MAY 31 PM 8:06

Electronic Filing Menu

Corporate Filing Menu

Help JUN 1 2012

C. MUSTAIN

FWDISS

H12000142701

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:
PROFESSIONAL HEALTH POINT CORP
- SECOND: The document number of the corporation (if known): P11000105519
- THIRD: The date dissolution was authorized: 02/02/12
 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: _____

(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)

ZDILA E. CARDENAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

H12000142761

FILED
 12 MAY 31 PM 12:20
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE