

P12000021332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

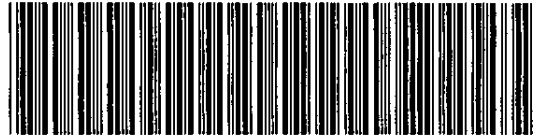
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600242254886

01/04/13--01018--014 \*\*35.00

FILED  
13 JAN -4 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FD/Dis Yacm

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEDICAL LINE CORPORATION

**DOCUMENT NUMBER:** P12000021332

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

Please return all correspondence concerning this matter to the following:

**BERNI, NICOLA**

(Name of Contact Person)

**MEDICAL LINE CORPORATION**

(Firm/Company)

**P.O. BOX 139**

(Address)

**FERNANDINA BEACH, FLORIDA 32035**

(City/State and Zip Code)

For further information concerning this matter, please call:

**BERNI, NICOLA**

(Name of Contact Person)

at ( **352** ) **4384540**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, 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:

**MEDICAL LINE CORPORATION**

SECOND: The document number of the corporation (if known): P12000021332

THIRD: The date dissolution was authorized: 28 DECEMBER, 2012

Effective date of dissolution if applicable: 28 DECEMBER, 2012  
(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)

**BERNI, NICOLA**

\_\_\_\_\_  
(Typed or printed name of person signing)

**PRESIDENT**

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**

FILED  
13 JAN - 4 PM 2:53  
STATE OF FLORIDA  
CORPORATE SERVICES