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## COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations
SUBJECT: NATIONAL MUDICAL CODING, INC
DOCUMENT NUMBER: P12000034217
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BALLE J. COLOMAN, ESQ.
BALLE J. COLOMAN, ESQ.  LAW OFFICE OF (Name of Contact Person)  DELITA GOLDMAN & COLOMAN
(Firm/Company)
11042 PAMOELA ST
(Address)
CONPL GABLES PL 33156
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (3°5 - 446-646°)  (Name of Contact Person) (Area Code) (Daytime Telephone Numl
(Name of Contact Person) (Area Code) (Daytime Telephone Numi
Enclosed is a check for the following amount:
*\$35 Filing Fee  \$\Bigcup \\$43.75 Filing Fee & Certificate of Status  \$\Bigcup \\$43.75 Filing Fee & Certificate of Status  \$\Bigcup \\$60 Certificate of Status & Certified Copy (Additional copy is enclosed)  \$\Bigcup \\$60 Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF DISSOLUTION PURSUANT TO SECTION 607.1402 OF THE FLORIDA BUSINESS CORPORATION ACT

Pursuant to the provisions of Section 607.1402 of the Florida Business Corporation Act, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

- The name of the corporation is NATIONAL MEDICAL CODING,
   INC., a Florida corporation.
  - 2. The name and address of the corporation's officers is:

Name	Office	Address
Sammy Aboud	President &	904 N.W. 132nd Avenue
	Secretary	Sunrise, Florida 33325

3. The names and address of the corporation's director is:

Name	Address	
Sammy Aboud	904 N.W. 132nd Avenue Sunrise, Florida 33325	TANK TO

- 4. All debts, obligations, and liabilities of the corpora-T tion have been paid or discharged or adequate provision has been made therefor.
- 5. All remaining property and assets of the corporation have been distributed to the shareholders.
- 6. There are no actions pending against the corporation in any court.

7. The statement of intent to dissolve the corporation is attached hereto.

Dated the  $27^{16}$  day of September 2018.

NATIONAL MEDICAL CODING, INC.

Ву:

SAMMY XBOUD, as Presiden

STATE OF FLORIDA

:ss

COUNTY OF BROWARD

ON THIS DAY before me, the undersigned authority, personally appeared SAMMY ABOUD, President and Secretary of NATIONAL MEDICAL CODING, INC., who, after being by me duly sworn and cautioned to tell the truth, deposes and says that he executed the above and foregoing instrument freely and voluntarily and for the purposes therein stated. SAMMY ABOUD is personally known to me or provided as identification.

WITNESS my hand and official seal this 2018 day of September 2018.



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## STATEMENT OF INTENT TO DISSOLVE NATIONAL MEDICAL CODING, INC. BY WRITTEN CONSENT OF ALL ITS SHAREHOLDERS

Pursuant to the provisions of Section 607.0704 of the Florida Business Corporation Act, the undersigned corporation submits the following statement of intent to dissolve the corporation upon written consent of all its shareholders:

1. The name of the corpor INC., a Florida corporation.	ation is NATIONAL MEDICAL	CODING,
<ol><li>All shareholders of the dissolution of the corporation.</li></ol>	e corporation hereby author	cize the
Dated: 09/01/18	EMIL SPERANZA, JR	<u> </u>

Pated: 9/27/18 MICHAEL MAZZOLA MICHAEL MAZZOLA

NATIONAL MEDICAL CODING, INC., a Florida corporation

By: Nesident and Secretary

Dated: 9/21/18