

P12000046403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

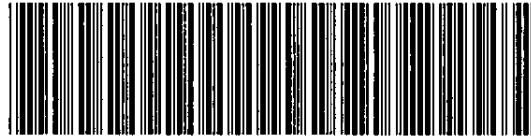
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



500242295075

12/03/12--01028--022 \*\*52.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC -3 PM 1:22

FILED

*Voldis w/notice*

DEC 4 2012

T. LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF CORP

**DOCUMENT NUMBER:** P12000046403

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

Please return all correspondence concerning this matter to the following:

CHRISTOPHER BROWN

(Name of Contact Person)

ELITE MEDICAL FUNDING CORP

(Firm/Company)

24133 US HWY 19

(Address)

CLEARWATER, FL 33763

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS BROWN

(Name of Contact Person)

at ( 727 ) 504-3537

(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 607.1401, 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:  
**ELITE MEDICAL FUNDING CORP**

SECOND: The document number of the corporation (if known): **P12000046403**

THIRD: The file date of the articles of incorporation: **05/18/2012**

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

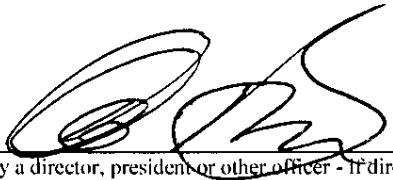
FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

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.)

**CHRISTOPHER G BROWN**

(Typed or printed name of person signing)

**PRESIDENT / REGISTERED AGENT**

(Title of Person Signing)

**Filing Fee: \$35**

FILED  
2012 DEC -3 PM 1:22  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## Notice of Corporate Dissolution

- This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.
- This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: ELITE MEDICAL FUNDING CORP

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

---

---

---

---

---

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

24133 US HWY 19  
CLEARWATER, FL 33763

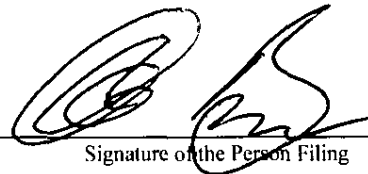
---

---

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

CHRISTOPHER G BROWN

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**