

P120000051156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

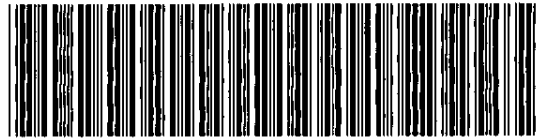
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600255102196

*less with
notice*

RECEIVED
DEPARTMENT OF STATE
DIVISION OF INFORMATION
2014 JAN -2 AM 10:47
TO BE FORWARDED
SUFFICIENT FOR FILING

FILED
2014 JAN -2 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
1/3/14*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 924185 7886259
AUTHORIZATION : *Squidleman*
COST LIMIT : \$ 35.00

ORDER DATE : December 16, 2013

ORDER TIME : 4:35 PM

ORDER NO. : 924185-011

CUSTOMER NO: 7886259

DOMESTIC FILINGS

NAME: VITAL MEDICAL SUPPLIES, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: _____

FILED

2014 JAN -2 PM 12: 28

ARTICLES OF DISSOLUTION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

VITAL MEDICAL SUPPLIES, INC.

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

P12000051156

THIRD: The date dissolution was authorized: 12/16/2013

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)

Daniel Benson

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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: VITAL MEDICAL SUPPLIES, INC.

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)

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.

Daniel Benson

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