

P13000003242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

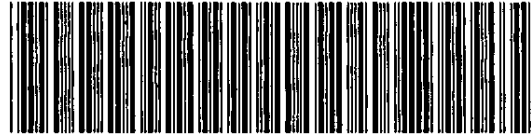
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500249816935

07/22/13--01039--023 **35.00

FILED
13 AUG 23 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

Aug 28 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2013

ANNELIS GARROTE / SCOPE MEDICAL CARE CORP.
14411 COMMERCE WAY SUITE 305
MIAMI LAKES, FL 33016

SUBJECT: SCOPE MEDICAL CARE CORP
Ref. Number: P13000003242

We have received your document for SCOPE MEDICAL CARE CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 913A00017999

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCOPE MEDICAL CARE CORP

DOCUMENT NUMBER: P13000003242

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

Please return all correspondence concerning this matter to the following:

ANNELIS GARROTE

(Name of Contact Person)

SCOPE MEDICAL CARE CORP

(Firm/Company)

14411 COMMERCE WAY SUITE 305

(Address)

MIAMI LAKES, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

ANNELIS GARROTE

(Name of Contact Person)

at (**786**) **712-9135**

(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:
SCOPE MEDICAL CARE CORP

SECOND: The document number of the corporation (if known): P13000003242

THIRD: The file date of the articles of incorporation: 01/10/2013

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.

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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.)

ANNELIS GARROTE

(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: SCOPE MEDICAL CARE 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:

NO OPERATION OR MOVEMENT IN THE CORPORATION

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

14411 COMMERCE WAY SUITE 305
MIAMI LAKES, FL 33016

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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.

ANNELIS GARROTE

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