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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL SERVICES NC, PA DISSOLUTION

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

DR NICOLE SCHWARTZ

(Name of Contact Person)

MEDICAL SERVICES NC, PA

(Firm/Company)

7166 NW 127TH WAY

(Address)

PARKLAND, FL 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

DR NICOLE SCHWARTZ

(Name of Contact Person)

at 312-399-7739

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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