## P1400000 8544

(Re	equestor's Name)	_
(Ad	ldress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
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C LEWIS

TO: Amendment Section Division of Corporations
SUBJECT: MEDICAL SERVICES NC, PADISSOLUTION
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)
(Name of Contact Foldon)
MEDICAL SERVICES NC, PA
(Firm/Company)
7166 NW 127TH WAY (Address)
(Addiess)
PARKLAND, FL 33076 -
(City/State and Zip Code)
For further information concerning this matter, please call:
DR NICOLE SCHWARTZ at 312-399-7739
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\times \$\text{\$\
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 607.1403, 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 St				
	MEDICAL SERVICES NC. PA	<del></del>			
SECOND:	The document number of the corporation (if known): P14000008544				
THIRD:	The date dissolution was authorized:12/9/2015				
	Effective date of dissolution if applicable: 12/31/2015				
	(no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.				
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	BIVISION O			
	(voting group)				
X	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 regeiver, trustee, or other court appointed fiduciary, by				
	that fiduciary)				
Ĩ	DR NICOLE SCHWARTZ				
	(Typed or printed name of person signing)				
	PRESIDENT	_			
	(Title of person signing)				