

P140000081210

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

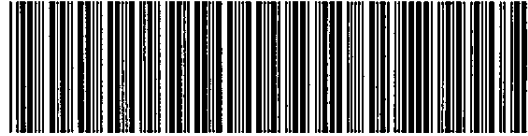
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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*less with  
notice*

03/20/15--01018--022 \*\*43.75

FILED  
2015 APR -7 PM 12:20  
TALLAHASSEE, FLORIDA  
DEPT. OF STATE

*DR  
4/7/15*

*\*00789, 01168, 00707, 00671*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2015

korrie Lalin  
IGAL MED-FL PA  
46 Sugar Cove Rd.  
Santa Rosa Beach, FL 32459

SUBJECT: IGALMED-FL PA  
Ref. Number: P14000081210

We have received your document for IGALMED-FL PA and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 015A00005957

RECEIVED  
15 APR -7 AM 8:14  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** dissolution of corporation

**DOCUMENT NUMBER:** P7400081210

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

Please return all correspondence concerning this matter to the following:

KORRIE LALIN  
(Name of Contact Person)

IGALMED-FL PA  
(Firm/Company)

700 W. PIER PARK RD, ST. 110  
(Address)

PANAMA CITY BEACH FL 32413  
(City/State and Zip Code)

For further information concerning this matter, please call:

KORRIE LALIN at ( 303 ) 408-7534  
(Name of Contact Person) (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

FILED

2015 APR -7 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

IGALMED-FL PA

SECOND: The document number of the corporation (if known): P 74000081210

THIRD: The file date of the articles of incorporation: Nov 2014

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.)

Korrie Lalim

(Typed or printed name of person signing)

CEO

(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: IGAL MED - FL PA

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:

Date of dissolution: 02/28/15  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

KORRIE LALIM  
46 Sugar Cove Rd  
Santa Rosa Beach FL 32459  
\_\_\_\_\_

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.

Korrie Lalim  
Printed Name of the Person Filing

  
Signature of the Person Filing