

P14000084197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
2015 MAR -9 AM 8:18

Ant Diss  
@ 3/9/15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2015

SHARIQ LATIF  
216 CANDLERBARK DR.  
JACKSONVILLE, FL 32225

SUBJECT: AFA MEDICAL CENTER, INC  
Ref. Number: P14000084197

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Your document is being returned as requested.

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

Irene Albritton  
Regulatory Specialist II

Letter Number: 115A00004014

*Please use  
this money  
for dissolution  
as we discussed  
thanks  
S. Latif*

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AFA Medical Center, Inc.

DOCUMENT NUMBER: P14000084197

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

Please return all correspondence concerning this matter to the following:

SHARIQ LATIF

(Name of Contact Person)

(Firm/Company)

216 Candleback Drive

(Address)

Jacksonville, FL 32225

(City/State and Zip Code)

For further information concerning this matter, please call:

SHARIQ LATIF

(Name of Contact Person)

at (904) 639 6747

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

Already Paid 35 \$

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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:

Afa Medical Center, Inc

SECOND: The document number of the corporation (if known): P14000084197

THIRD: The file date of the articles of incorporation: 10/13/2014

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: Maty

(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.)

SHARIQ LATIF

(Typed or printed name of person signing)

President / Member

(Title of Person Signing)

Filing Fee: \$35

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 MAR -9 AM 8:10