P15000024793

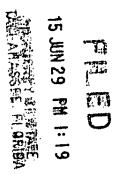
(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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COVER LETTER

TO: Amendment Section Division of Corporations	15 L	
SUBJECT: TBA HEALTH CORP	JUN 29	
DOCUMENT NUMBER: P15000024793		
The enclosed Articles of Dissolution and fee are submitted f	or filing.	
Please return all correspondence concerning this matter to the	e following:	
TANIA M BATISTA ABREU		
(Name of Contact Person)		
TBA HEALTH CORP		
(Firm/Company)		
1292 WEST 26 PLACE APT 104		
(Address)		
HIALEAH FL 33010		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
TANIA M BATISTA ABREU at (786 718	6100	
(Name of Contact Person) (Area	Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Certified Copy (Additional copenciosed)	Certificate of Status &	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

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: TBA HEALTH CORP					
SECOND:	The document number of the corporation (if known): P15000024793					
THIRD:	The file date of the articles of incorporation:					
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 d to the shareholders, if shares were issued.	istributed	ļ			
SEVENTH:	Adoption of Dissolution (CHECK ONE)		쟔			
	☐ A majority of the incorporators authorized the dissolution.		JUN 29		i	
	A majority of the directors authorized the dissolution.		9 PH	FM		
			1:20	O		
Sign	ature: (By a director, president or other officer - indirectors or officers have not been selected, by	an incorpora	atorif.			
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)					
	TANIA M BATISTA ABREU					
	(Typed or printed name of person signing)					
	OFFICER/DIRECTOR/CEO					
	(Title of Person Signing)					

Filing Fee: \$35