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## **COVER LETTER**

TO:	Amendment Section
	<b>Division of Corporations</b>

SUBJECT: GALENO MEDICAL ASSOCIATES, INC.
DOCUMENT NUMBER: P15000031680
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDREW L. JIMENEZ, ESQ.
(Name of Contact Person)
JIMENEZ LAW OFFICES, P.A.
(Firm/Company)
100 SE THIRD AVE, SUITE 1514
(Address)
FORT LAUDERDALE, FL 33394
(City/State and Zip Code)
For further information concerning this matter, please call:
ANDREW L. JIMENEZ, ESQ. at ( 954 848-3111
(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 Fee & □ \$52.50 Filing Fee.  Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ANDRESS: STDEET ANDRESS:

#### <u> MAILING ADDRESS:</u>

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### <u>STREET ADDRESS:</u>

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 GALENO MEDICAL ASSOCIATES, INC.	e:	
SECOND:	The document number of the corporation (if known):		
THIRD:	The file date of the articles of incorporation: APRIL 6, 2015		
FOURTH:	(CHECK AT LEAST ONE BOX)	75 (m)	1
	None of the corporation's shares have been issued.	CRETAI LAHAS	•
	The corporation has not commenced business.	RETARY OF STATE AHASSEE, FLORID	•
FIFTH:	No debt of the corporation remains unpaid.	STAT	1
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	D Fo	č
SEVENTH	: Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	☐ A majority of the directors authorized the dissolution.		
Sign	nature: Docusigned by:  Eugenio Angueira-Serrano 1/7/2016   7:15 PM PT		
0-	(By a director, president or other officer - if directors or officers have not been selected, by an incorporate in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	or - sf	****
	EUGENIÓ ANGUEIRA-SERRANO		
	(Typed or printed name of person signing)		
	OFFICER		
	(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: \_\_\_\_GALENO MEDICAL ASSOCIATES, INC. 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: ANY AND ALL EVIDENCE THAT WOULD SUPPORT A LEGAL CLAIM AGAINST THE COMPANY, SUCH AS INVOICES, BILLS, COURT PLEADINGS, AND THE LIKE. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) JIMENEZ LAW OFFICES, P.A. 100 SE THIRD AVE, SUITE 1514 FORT LAUDERDALE, FL 33394 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. Eugenio Augueira-Serrano 1/7/2016 | 7:15 PM PT EUGENIO ANGUEIRA-SERRANO -CDDCE2502E7C4F1 : Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Printed Name of the Person Filing