Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000158103 3)))



EH SOODI SREDSSARCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

728888888819

Phone

: (305)552-5973

Fax Number

: (305)675-5944

DISSOLUTION OR WITHDRAWAL MEDICAL POLICLINIC INC

RECEIVED

15 JW 26 M 4: 21

NOTE THE STATE OF THE STATE O

0
0
02
\$35.00

15 JUN 26 PM 2: 36

LORIL TARY OF STATE
ALLAHASSEE, FLORID

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 29 2015

D CONNELL

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: MEDICAL POLICLINIC INC	_	
SECOND:	The document number of the corporation (if known): $\frac{91500003664}{22/2015}$	7	
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.	. 55	
SEVENTH:	: Adoption of Dissolution (CHECK ONE)		7
	A majority of the incorporators authorized the dissolution.	三 26	7 - 7
	A majority of the directors authorized the dissolution.	15 JUN 26 PH 2: 36	J
Sign	nature: Adiece	115	
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) JUAN J. SALINA HD	- m	
	(Typed or printed name of person signing)		
	P5D		
	(Title of Person Signing)	1	

Filing Fee: \$35