

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.

(((H20000444785 3)))



H200004447853ABC1

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 : CAPITOL SERVICES, INC.	
	Account Number : 120160000017	T. 23
	Phone : (855)498-5500	2020 1.1.1
	Fax Number : (800)432-3622	
	DISSOLUTION OR WITHDRAWAL	 ຜ
	DISCOUNT MEDICAL GROUP, INC.	<u>.</u>

Certificate of Status	0
Certified Copy	1
Page Count	2
Estimated Charge	\$43.75

્ર

J . .

Electronic Filing Menu	Corporate Filing Menu	Help

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

rik51:	The name of the corporation as currently filed with the Florida Department of State:
	Discount Medical Group, Inc.

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

THIRD: The date dissolution was authorized:

Effective date of dissolution if applicable;

(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: (By a director, president br 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)

Donald Moran III

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

26:00 DEC 30 AN S

00