

**P160000021030**

**Florida Department of State  
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.**

(((H16000161954 3)))



H160001619543ABC0

**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 : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

16 JUL -5 PM 4:02  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOLUTION OR WITHDRAWAL  
RAMIZNE MEDICAL CENTER CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

16 JUL -5 PM 5:08

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
FALLS CHURCH, VIRGINIA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

JUL 05 2016  
C McNAIR

H16000161954

### ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

Ramizne Medical center corp

SECOND: The document number of the corporation (if known): P16000021030

THIRD: The date dissolution was authorized: 7/5/16

Effective date of dissolution if applicable: 7/5/16  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

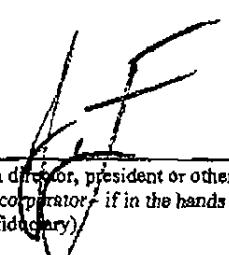
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: 

(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)

Jose Enrique Fornaris Valdes

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

H16000161954

16 JUL -5 PM 4:02  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE