

P1700043532

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.

((H18000214254 3)))



H180002142543ABC

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

FILED
18 JUL 25 AM 059
TALLAHASSEE

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL
PEREZ MEDICAL CENTER INC

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

S TALLENT
JUL 26 2018

V/D

RECEIVED
18 JUL 25 PM 2:52
SECRETARY OF STATE
TALLAHASSEE

H18000214254

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: Perez Medical Center Inc
- SECOND: The document number of the corporation (if known): P17000043532
- THIRD: The date dissolution was authorized: 7/25/18
Effective date of dissolution if applicable: 7/25/18
(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)

FILED
18 JUL 25 AM 9 59
STATE OF FLORIDA
SECRETARY OF STATE

Signature: *Lidia*
(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)

Lidia M Perez
(Typed or printed name of person signing)

(P)
(Title of person signing)

H18000214254