

P1700061968

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.

((H19000270806 3)))



H190002708063ABC0

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, LLC.
Account Number : T20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

**DISSOLUTION OR WITHDRAWAL
NATIONWIDE DIAGNOSTIC CENTER CORP**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 SEP 10 A 10 45

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 11 2019

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:
NATIONWIDE DIAGNOSTIC CENTER Corp
- SECOND: The document number of the corporation (if known): P17000061968
- THIRD: The date dissolution was authorized: 9/10/19
Effective date of dissolution if applicable: _____
(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)

Rubi B Villa

(Typed or printed name of person signing)

President

(Title of person signing)

2019 SEP 10 A 10 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED