

P2000098438
 Florida Department of State
 Division of Corporations
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To:

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

From:

Account Name : QUARLES & BRADY LLP
 Account Number : I20000000067
 Phone : (239)434-4922
 Fax Number : (239)213-5452

**DISSOLUTION OR WITHDRAWAL
 MEDPLAN-CD INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED

2022 JUN 15 PM 2:07

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J. HORNE

JUN 16 2022

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDPLAN-CD INC.

DOCUMENT NUMBER: P20000098438

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela Lunborg

(Name of Contact Person)

Quarles and Brady LLP

(Firm/Company)

1395 Panther Lane Ste 300

(Address)

Naples, FL 34109

(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Lundborg

at (617-967-7402

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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:
MEDPLAN-CD INC.

SECOND: The document number of the corporation (if known): P20000098438

THIRD: The date dissolution was authorized: 6/15/2022

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: Laura DeGrange
(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)

Laura DeGrange

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: MEDPLAN-CD INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

The date failed with the Department _____

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

A reasonable description of the claim, the amount of the claim, the name and address of the claimant, the date the claim incurred, and any supporting documentation in claimant's possession.

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

8805 N. TAMiami TRAIL#370

NAPLES, FL 34108

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Laura DeGrange, president

Printed Name of the Person Filing

Laura DeGrange
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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