

6/30/2021

Division of Corporations

P21000032535

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.

(((H21000255562 3)))



H210002555623ABC

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 : MEDICAL BILLING CONSULTANTS, INC.  
Account Number : I20200000206  
Phone : (305)463-6690  
Fax Number : (305)463-6693

2021 JUL -2 PM 1:08  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL  
ABA KIDS IN-CARE CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

JUL 2 2021

S. PRATHER

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:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ABA Kids In-Care Corp

SECOND: The document number of the corporation (if known): P21000032535

THIRD: The date dissolution was authorized: 06/30/21

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.

2021 JUL -2 PM 1:08  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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)

Oswaldo Leyva

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**