

P21000076641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

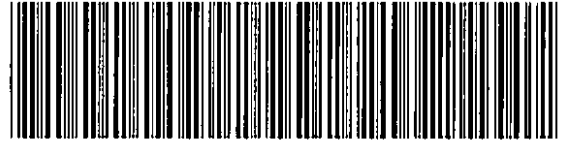
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
FEB - 3 2024

Office Use Only



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01/04/24--01032--017 **43.75

FILED
24 JAN -4 PM 12:19
FEB 3 2024
FEB 3 2024
FEB 3 2024

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RAMED MEDICAL CENTER, INC

DOCUMENT NUMBER: P21000076641

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

Please return all correspondence concerning this matter to the following:

RAUL E. MENESES

(Name of Contact Person)

(Firm/Company)

5413 SW 186TH WAY

(Address)

MIRAMAR, FL 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

RAUL E. MENESES

at (305-467-4448

(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

FILED
24 JAN -4 PM 12:20
TALLAHASSEE, FLORIDA

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:
RAMED MEDICAL CENTER, INC

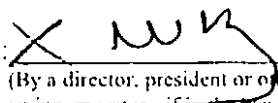
SECOND: The document number of the corporation (if known): P21000076641

THIRD: The date dissolution was authorized: DECEMBER 29, 2023

Effective date of dissolution if applicable: DECEMBER 29, 2023
(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: 
(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)

RAUL E. MENESES
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

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: RAMED MEDICAL CENTER, INC

The above named corporation is the subject of dissolution and the effective date of a dissolution is: DECEMBER 29, 2023

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

Description of information that must be included in a claim:

CLAIMS MUST CONTAIN THE FOLLOWING INFORMATION:

NAME AND ADDRESS OF THE COMPANY OR PERSON FILING THE CLAIM

DESCRIPTION OF GOODS AND SERVICES PROVIDED, INCLUDING INVOICES.

DATES THE GOODS AND SERVICES WERE PROVIDED

AMOUNT OF THE CLAIM IN U.S. CURRENCY

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

RAUL E. MENESES

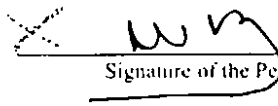
5413 SW 186TH WAY

MIRAMAR, FL 33029-6256

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.

RAUL E. MENESES

Printed Name of the Person Filing


Signature of the Person Filing

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

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RAUL E. MENESES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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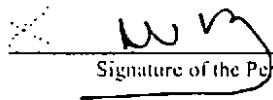
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Signature of the Person Filing

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