Electronic Filing Cover Sheet

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(((H240003747373)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL ALL MEDICAL CENTERS I, CORP.

Certificate of Status	0	
Certified Copy	0	
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Estimated Charge	\$35.00	

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submats the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Departmen ALL MEDICAL CENTERS I, CORP.	t of State:	
SECOND:	The document number of the corporation (if known): P24000036738		
THIRD:	The date dissolution was authorized: 10/21/2024		
	Effective date of dissolution if applicable:		
FOURTH:	(no more than 90 days after dissolution (Adoption of Dissolution (CHECK ONE)	en Ille date)	
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for dissolution	
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by	~3) .:	
	(voting group)	.;	
Si	gnature:	222	
	(B) a precion, president or other officer - if directors or officers base not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
<u>Ri</u>	ubel Rodriguez		
•	(Typed or printed name of person signing)		
V <u>ic</u>	e President		
	(Title of person signing)		

Filing Fee: \$35