

PA3000042705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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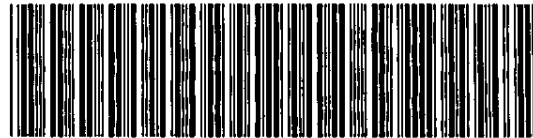
(Business Entity Name)

(Document Number)

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R. WHITE

16 DEC 12 PM 12:13  
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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 6, 2016

GENNA RUBOLINO  
2255 GLADES RD STE 421-A  
BOCA RATON, FL 33431

SUBJECT: FLORIDA MEDICAL SERVICES, INC.  
Ref. Number: P93000042705

We have received your document for FLORIDA MEDICAL SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The revocation of dissolution must be adopted in the same manner as the articles of dissolution. Or you may check the box that says " the board of directors revoked the dissolution authorized by the shareholders..."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 416A00025857

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FLORIDA MEDICAL SERVICES, INC.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P93000042705  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

GENNA RUBOLINO  
\_\_\_\_\_  
Name of Contact Person

PROSKAUER ROSE LLP  
\_\_\_\_\_  
Firm/Company

2255 GLADES ROAD, SUITE 421A  
\_\_\_\_\_  
Address

BOCA RATON, FL 33431  
\_\_\_\_\_  
City/State and Zip Code

GRUBOLINO@PROSKAUER.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GENNA RUBOLINO  
\_\_\_\_\_  
Name of Contact Person

At ( 561 ) 995-4773  
\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

16 DEC 12 PM 12:13

## ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution;

FIRST: The name of the corporation is: FLORIDA MEDICAL SERVICES, INC.

SECOND: The document number of the corporation (if known) is P9300042705

**THIRD:** The effective date (or file date, if no effective date) of the Articles of Dissolution

filed with the Florida Department of State is 11/30/2016

**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:** The Revocation of Dissolution was authorized on 12/1/2016

**FIFTH: Adoption of Revocation of Dissolution (check one)**

- ☐ The board of directors revoked the dissolution.
- ☐ The incorporators revoked the dissolution.
- ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☒ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
- ☒ The shareholders revoked the dissolution by voting groups - the number of votes cast by

\_\_\_\_\_ was sufficient for approval.  
(Voting group)

**SIXTH:** A copy of the Articles of Dissolution is attached.

**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)

CATRINA A. CROWE, ESO.

(Typed or printed name of person signing)

**ATTORNEY-IN-FACT**

(Title of person signing)

**FILING FEE \$35**

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## ARTICLES OF DISSOLUTION

### Article I

The name of this Florida corporation is FLORIDA MEDICAL SERVICES, INC.

### Article II

The Corporation's dissolution was authorized on the date that this document was signed.

### Article III

The Corporation's dissolution was authorized by its shareholders, and the number of votes cast for dissolution was sufficient for approval. The Corporation shall pay or make reasonable provision to pay all claims and obligations known to the Corporation. After known claims and obligations are paid, any remaining funds shall be distributed to the shareholders of the dissolved Corporation.

### Article IV

These Articles of Dissolution and the dissolution of the Corporation will be effective on November 29, 2016.

The undersigned executed this document on the date shown below.

FLORIDA MEDICAL SERVICES, INC.

By:  \_\_\_\_\_

Name: Caitlin Lazarus

Title: Attorney-in-Fact

Date: 11/29/2016

Corporate Creations International Inc.  
11380 Prosperity Farms Road #221E  
Palm Beach Gardens FL 33410  
(561) 694-8107

2016 NOV 29 2:20  
RECEIVED  
FLORIDA MEDICAL SERVICES, INC.

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