

P94000031968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

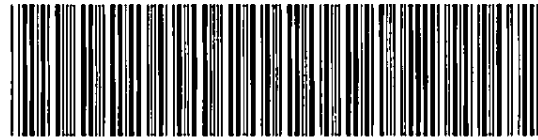
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office of the Secretary of State
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 APR 20 PM 3:27

RECEIVED

A. BUTLER

APR 21 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 629910 109186B
AUTHORIZATION : *Eylien Baker*
COST LIMIT : \$ 35.00

ORDER DATE : April 20, 2022
ORDER TIME : 11:30 AM
ORDER NO. : 629910-035
CUSTOMER NO: 109186B

DOMESTIC FILINGS

NAME: GATEWAY MEDICAL SERVICES, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: _____

FILED

2022 APR 20 AM 8:06

ARTICLES OF DISSOLUTION

SECRETARY OF STATE
TALLAHASSEE, FL

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:
Gateway Medical Services, Inc.


SECOND: The document number of the corporation (if known): P94000031968

THIRD: The date dissolution was authorized: April 18, 2022

Effective date of dissolution if applicable: upon filing
(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)

Christopher G. Cobb
(Typed or printed name of person signing)

Vice President and Secretary
(Title of person signing)

Filing Fee: \$35