P9411XX38149

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Thermal Imaging Dia	agnostics Inc.
DOCUMENT NUMBER: P94000038149	
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	ne following:
Stuart Ruda / Howard Lustgarten	
(Name of Contact Person)	•
Thermal İmaging Diagnostics Inc.	
(Firm/Company)	
10235 West Sample Rd., Suite 201	
(Address)	
Coral Springs,FL 33065	
(City/State and Zip Code))
For further information concerning this matter, please call:	
Stuart Ruda at (954	/
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Certified Cop (Additional coenclosed)	
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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:	
	Thermal Imaging Diagnostics Inc.	
SECOND:	The document number of the corporation (if known): P94000038149	
THIRD:	The file date of the articles of incorporation: May 16,1994	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	2
	A majority of the incorporators authorized the dissolution.	
Sign	ature: (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.)	
	Stuart Ruda (Typed or printed name of person signing)	
	President	
	(Title of Person Signing)	

Filing Fee: \$35