

P94000045687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

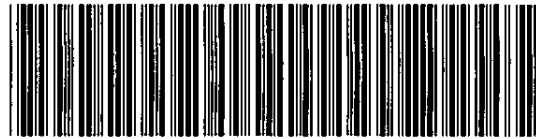
(Business Entity Name)

(Document Number)

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08 APR 21 PM 2:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 28 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: P94000045687

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

Please return all correspondence concerning this matter to the following:

RAPHAEL BLOOM
(Name of Contact Person)

MEDICAL SALES AND SERVICE INC
(Firm/Company)

7861 SW ELLIPSE WAY
(Address)

STUART FL 34997
(City/State and Zip Code)

For further information concerning this matter, please call:

RAPHAEL BLOOM at (772) 221-1221
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

08 APR 21 PM 2:22

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:

MEDICAL SALES AND SERVICE INC.

SECOND: The document number of the corporation (if known): P94000045687

THIRD: The date dissolution was authorized: 12/31/07

Effective date of dissolution if applicable: 4/1/08
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

RAPHAEL BLOOM + PATRICIA BLOOM
(voting group)

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)

RAPHAEL BLOOM
(Typed or printed name of person signing)

AS ITS PRESIDENT
(Title of person signing)

Filing Fee: \$35