

P94000087519

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE, SUITE: 16

Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. FAMILY CARE PLUS MEDICAL CENTER, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of State

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
97 MAY 30 PM 12:58  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

RECEIVED  
97 MAY 30 AM 10:54

400002195864--4  
-05/30/97--01047--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

5/30  
Joy  
Vol. Diss

## ARTICLES OF DISSOLUTION

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

FILED  
97 MAY 30 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FIRST: The name of the corporation is: FAMILY CARE PLUS MEDICAL CENTER, INC.

SECOND: The date dissolution was authorized: MAY 13, 1997

THIRD: 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 vote of 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 \_\_\_\_\_."

(voting group)

Signed this 28 day of MAY, 19 97.

Signature

  
(By the Chairman or Vice Chairman of the Board,  
President, or other officer)

RAOUL C. CABRERA

(Typed or printed name)

PRESIDENT

(Title)