

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000049434 3)))



H08000049434ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : SHUTTS & BOWEN LLP HEALTH LAW GROUP II
Account Number : I20050000022
Phone : (305) 347-7352
Fax Number : (305) 347-7854

Effective Date
3/31/08

DISSOLUTION OR WITHDRAWAL

SST MEDICAL EQUIPMENT INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

2008 FEB 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 FEB 27 PM 2:10
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF DISSOLUTION

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:
SST Medical Equipment Inc.

SECOND: The document number of the corporation (if known): P950000077916

THIRD: The date dissolution was authorized: February 26, 2008
Effective date of dissolution if applicable: March 31, 2008
(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

(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)

Vicenta S. Tellechea

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
08 FEB 27 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA