

P96000021704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

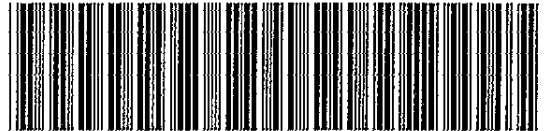
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/04/03--01017--017 **35.00

FILED

03 MAR -3 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution

T BROWN MAR 10 2003

WEST-MED FLORIDA INC.
5448 NW 42ND AVENUE
BOCA RATON FL 33496

February 22, 2003

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Dear Sir or Madam:

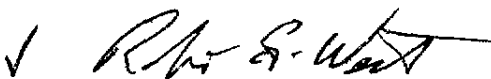
SUBJECT: WEST-MED FLORIDA INC.
ARTICLES OF DISSOLUTION

Kindly find enclosed the Articles of Dissolution for the above-mentioned corporation. A check for \$35 is also enclosed to cover the filing fees.

We would be grateful if you would acknowledge receipt of this application.

Yours truly,

West-Med Florida Inc.

✓ 
Mr. Robert G. West

ARTICLES OF DISSOLUTION

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: WEST-MED FLORIDA, INC.

SECOND: The date dissolution was authorized: 12/11/2002

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 12 day of FEB, 2003.

Signature

Robert G. West
(By the Chairman or Vice Chairman of the Board, President, or other officer)

ROBERT G. WEST
(Typed or printed name)

PRES.

(Title)