

P96000038432

9-17-97

H. FERRAZ
Requestor's Name
1030 E. 4 AVE.
Address
Hialeah FL 33010
City State ZIP Phone

888-8141A

VALIDATION ONLY

100002296661--7
-09/18/97--01005--026
*****35.00 *****35.00

CORPORATION(S) NAME

CCP Medical Equipment and Supply Corp.

DEPT. OF REVENUE
DIVISION OF CORPORATION

RECEIVED
SEP 18 / MID 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 OCT -1 PM 2:21

Empire Toll Free: 1-800-432-3028

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input checked="" type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | | |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
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Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

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Vol.
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 18, 1997

EMPIRE

MIAMI, FL

SUBJECT: C C P MEDICAL EQUIPMENT AND SUPPLY CORP.
Ref. Number: P96000038432

We have received your document for C C P MEDICAL EQUIPMENT AND SUPPLY CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 097A00046425

RECEIVED
97 OCT -1 AM 11:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

ARTICLE OF DISSOLUTION

OF

C C P MEDICAL EQUIPMENT AND SUPPLY CORP.

FILED

97 OCT -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following article of dissolution:

FIRST

The name of the corporation is: **C C P MEDICAL EQUIPMENT AND SUPPLY CORP.**

SECOND

The article of the corporation were filed on : **MAY 3, 1996**

THIRD

The corporation has not commenced business.

FOURTH

No debt of the corporation remains unpaid

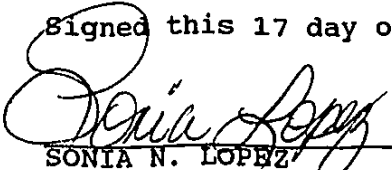
FIFTH

The net assets of the corporation remaining after winding up have been distributed to the shareholders, if share were issued.

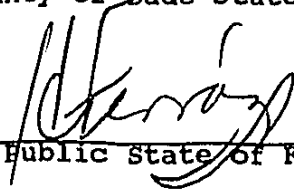
SIXTH

A majority of the incorporators authorized the dissolution.

Signed this 17 day of September, 1997


SONIA N. LOPEZ
Incorporator / President

Sword and subscribe before me this 17 day of September, 1997 in the County of ~~Dade~~ State of Florida.


Notary Public State of Florida

My Commission Expire.