

P96000056471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

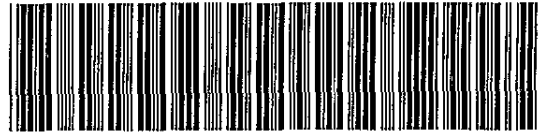
(Business Entity Name)

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10/13/03--01061--014 \*\*52.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2003 OCT 13 PM 5:55

Dissolution  
LFT  
10-16-03

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

October 9, 2003

RE: Abel's Diagnostic Services, Inc.

I am filing for articles of dissolution. Enclosed you will find a check in the amount of \$52.50.

Mail correspondence to:     Abel Placeres, Jr.  
                                  2707 N. Himes Avenue  
                                  Tampa, FL 33607

The phone number where I can be reached is: (813) 874-1030.

Sincerely,

A handwritten signature in cursive script, appearing to read "Abel Placeres Jr.", written in dark ink.

Abel Placeres, Jr.

ARTICLES OF DISSOLUTION

FILL  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2003 OCT 13 PM 5:55

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

FIRST: The name of the corporation is: ABEL'S DIAGNOSTIC SERVICES, INC. (59-3384471)

SECOND: The date dissolution was authorized: 10-9-03

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

ABEL PLACERES JR  
(voting group)

Signed this 9 day of OCTOBER, 2003

Signature Abel Placeres Jr  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

ABEL PLACERES, JR  
(Typed or printed name)

OWNER / Director  
(Title)