P96000062689

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COVER LETTER

Division of Corporations
SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: <u>P96000062689</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BARBARA J Engueron (Name of Contact Person)
MEDICAL STAPFING SOLUTIONS NATIONWIDE, INC. (Firm/Company)
9215 CHEMSTUMD RD (Address)
PENSACOLA, FZ 32514
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (857) 941-1054 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

	ARTICLES OF DISSOLUTION	
Pursuant to articles of d	section 607.1401, Florida Statutes, this Florida profit corporation submits the following issolution:	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	MEDICAL STAFFING SOLUTIONS MATIONWIDE INC	
SECOND:	The document number of the corporation (if known): P96000062689	
THIRD:	The file date of the articles of incorporation:	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
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.)		
	Barbara England (Typed or printed name of person signing)	
	Owner/President (Title of Person Signing)	

Filing Fee: \$35