

P96000082564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

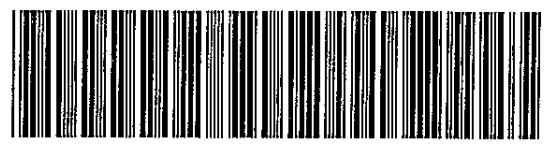
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600023754386

10/23/03--01044--014 **35.00

EFFECTIVE DATE
10-25-03

FILED
03 OCT 23 AM 11:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

fs 10/27/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: _____

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Salimi B. Perez

(Name of Person)

Medical Purchasers of America, Inc.

(Name of Firm/Company)

6101 SW 114 Ave

(Address)

Miami FL 33173

(City/State/and Zip Code)

For further information concerning this matter, please call:

Salimi B. Perez

(Name of Person)

at (305) 271-9158

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

EFFECTIVE DATE
10-25-03

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 Department of State:
Medical Purchasers of America, Inc.

SECOND: The document number of the corporation (if known): P96000082564

THIRD: The date dissolution was authorized: 10.20.03

Effective date of dissolution if applicable: 10.25.03
(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 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 20th day of October, 2003

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)

Salimi B. Perez

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA