

P96000086545

Allstar Medical Billing
717 Ponce De Leon Blvd #339
C. G. Tel. 33134

500002947835--6
-08/02/99-01128-019
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 20 AM 11:50

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Uo/d's

V. SHEPARD JUL 20 2000

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 10, 1999

ALLSTAR MEDICAL BILLING
717 PONCE DE LEON BLVD., #339
CORAL GABLES, FL 33134

SUBJECT: ALLSTAR MEDICAL BILLING, CORP.
Ref. Number: P96000086545

We have received your document for ALLSTAR MEDICAL BILLING, 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):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The document must state the date the dissolution was authorized.

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

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please include the exhibit(s) referred to in your document.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 899A00040440

Rec'd 7/20

Florida Department of State

I would like to close
both Corporations: Dade Health
Center, Inc. and Allstar
Medical Billing.

If any questions,
please contact me at
305-207-8114 or

Zaida Garcia
12980 NW 9 Lane
Miami Fl. 33182.

← new address

Thank you,
Zaida

ARTICLES OF DISSOLUTION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Allstar Medical
Billing Corp.

SECOND: The date dissolution was authorized: July 19, 1999

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 19 day of July, 19 99.

Signature

Zaida Garcia
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Zaida Garcia
(Typed or printed name)

President
(Title)