

P96000090243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

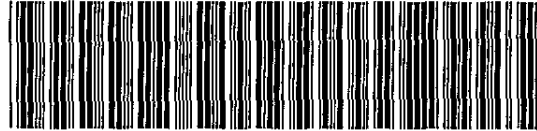
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Susan Rothchild authorized  
to correct names and check  
first block in #4.*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2004 MAR 31 PM 2:46

*Dissolution  
LTS  
4-1-04*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALLCARE SURGICAL INSTRUMENTS REPAIR

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

ALLCARE SURGICAL INSTRUMENTS REPAIR

\_\_\_\_\_  
(Name of Firm/Company)

4250 SW 141 AVENUE BOX 62

\_\_\_\_\_  
(Address)

MIRAMAR, FL 33027

\_\_\_\_\_  
(City/State/and Zip Code)

For further information concerning this matter, please call:

WILLIAM ROTHCHILD

\_\_\_\_\_  
(Name of Person)

at (954) 895-9405

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 18, 2004

William Rothchild  
% ALLCARE SURGICAL INSTRUMENT REPAIR  
4250 SW 141st Avenue, Box 62  
Miramar, FL 33027

SUBJECT: ALLCARE SURGICAL INSTRUMENT REPAIR, INC.  
Ref. Number: P96000090243

We have received your document for ALLCARE SURGICAL INSTRUMENT REPAIR, INC.. However, the document has not been filed and is being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6910.

Louise Flemming-Jackson  
Document Specialist Supervisor

Letter Number: 404A00018111

## ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation as currently filed with Department of State:

ALLCARE SURGICAL INSTRUMENT REPAIR INC

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

THIRD: The file date of the articles of incorporation was: 10/25/1996

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.

Signed this 31 day of DECEMBER, 2003.

Signature: William Rothchild

(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.)

WILLIAM ROTHCHILD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION  
 2004 MAR 31 PM 2:46

**Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This **"Notice of Corporate Dissolution"** is optional and is not required when filing a voluntary dissolution.

Name of Corporation: ALLCARE SURGICAL INSTRUMENTS REPAIR INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the **Articles of Dissolution**.

Description of information that must be included in a claim:

CORPORATION IS NO LONGER DOING BUSINESS AND IS DISOLVING.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

WILLIAM ROTHCHILD

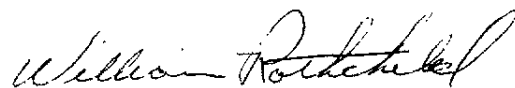
4250 SW 141 AVENUE

MIRAMAR FL 33027

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

WILLIAM ROTHCHILD

Printed Name of the Person Filing



Signature of the Person Filing