

P97000010430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

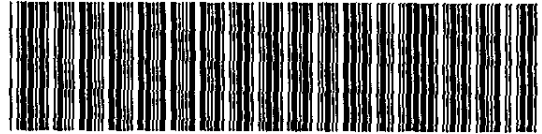
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800066118108

02/20/06--01060--005 **\$2.50

FILED
06 FEB 20 PM 1:44
TALLAHASSEE, FLORIDA

g vol
ass

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Business

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Cindy Leistner-Gray
(Name of Contact Person)

Medical Resources Unlimited, Inc.
(Firm/Company)

22 Windsor Isle Dr.
(Address)

Longwood, FL 32779
(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy at (407) 415-7246
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 the Florida Department of State:

Medical Resources Unlimited, INC.

SECOND: The document number of the corporation (if known): P97000010430

THIRD: The file date the articles of incorporation: 1-29-97

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: Cynthia Leistner

(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.)

Cynthia Leistner
(Typed or printed name of person signing)

President
(Title of Person Signing)

Filing Fee: \$35

FILED
06 FEB 20 PM 1:44
SOCIAL PART OF STATE
TALLAHASSEE, FLORIDA