

P97000036850

CPS  
4713 W. HILLSBORO BLVD.  
CORONUT CREEK, FL 33073

City/State/Zip

Phone #

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 #)

100002359371--7  
-12/01/97--01134--025  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

☐ 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 checked="" 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC -1 PM 1:37

12-5-97

Examiner's Initials

CC

**ARTICLES OF DISSOLUTION PURSUANT TO SECTION 607.1403**  
**OF THE FLORIDA BUSINESS CORPORATION ACT**

To: Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Date Paid: \_\_\_\_\_

Filing Fee \$35.00

Pursuant to the provisions of Section 607.1403 of the Florida Business Corporation Act, the undersigned corporation adopts the following articles of dissolution for the purpose of dissolving the corporation:

1. The name of this corporation is Consortium Provider Services, Inc.
2. The names and respective addresses of the officers of the corporation are as follows:

<u>Name</u>	<u>Office</u>	<u>Address</u>
Richard Schneider	President/Secretary/ Treasurer	4213 W. Hillsboro Blvd. Coconut Creek, FL 33073

3. The names and respective addresses of the directors of the corporation are as follows:

<u>Name</u>	<u>Address</u>
Richard Schneider	4213 W. Hillsboro Blvd. Coconut Creek, FL 33073

4. Dissolution was authorized on November 25, 1997.
5. The number of votes cast for dissolution was sufficient for approval.
6. Adequate provision has been made for the payment of all of the liabilities and obligations of the corporation.
7. All the property and assets of the corporation remaining after the payment of all debts, obligations and liabilities of the corporation, have been distributed among its shareholders in accordance with their respective rights and interest.
8. There are no actions pending against the corporation in any court.

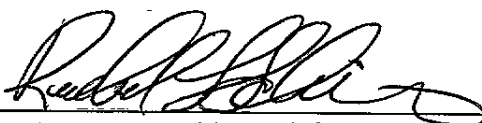
97 DEC - 1 PM 1:37

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

9. The corporation elected to dissolve by unanimous written consent of its shareholders, and such written consent has been signed by all shareholders of the corporation or signed in their names by their duly authorized attorneys. A copy of the written consent or resolution is attached to these articles.

Dated this 25 day of NOVEMBER 19 97.

  
\_\_\_\_\_  
Consortium Provider Services, Inc.

By:   
\_\_\_\_\_  
Richard Schneider, President, Secretary and  
Treasurer

**UNANIMOUS WRITTEN CONSENT OF SHAREHOLDERS TO VOLUNTARY**

**DISSOLUTION OF CONSORTIUM PROVIDER SERVICES, INC.**

We, the undersigned, being all of the shareholders of Consortium Provider Services, Inc., a Florida corporation, consent to the voluntary dissolution of the corporation and authorize and direct the appropriate officers of the corporation to take all steps necessary or appropriate to carry out the intent of this resolution.

In assent to the above, each of the undersigned stockholders has signed his or her name and dated the signing opposite the number of shares of the corporation held by him or her of record on such date.

Signature

Date

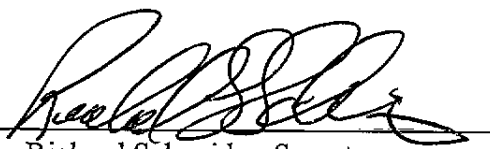
Number of Shares

  
Richard Schneider

11-25-97

100

By: \_\_\_\_\_

  
Richard Schneider, Secretary