

P97000040604

(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



100273038811

06/08/15--01009--005 **35.00

FILED
15 JUN -8 PM 1:55
STATE
TOLSON, J. C. (1919)

JUN 16 2015

C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution of HS1 Practice Services, Inc.

DOCUMENT NUMBER: P97000040604

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

Please return all correspondence concerning this matter to the following:

Alberto Rodriguez
(Name of Contact Person)

HS1 Medical Management, Inc.
(Firm/Company)

2001 South Andrews Ave
(Address)

Ft. Lauderdale, FL. 33316
(City/State and Zip Code)

For further information concerning this matter, please call:

Alberto Rodriguez at (305) 614-5015
(Name of Contact Person) (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, FL 32314

STREET ADDRESS:

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

FILED
15 JUL -8 PM 1:55
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

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 Florida Department of State:
HS1 Practice Services, Inc.

SECOND: The document number of the corporation (if known): P97000040604

THIRD: The date dissolution was authorized: May 1, 2015

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 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)

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)

Martin Bilowich

(Typed or printed name of person signing)

President

(Title of person signing)