

P97000081154

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(Address)

(Address)

(City/State/Zip/Phone #)

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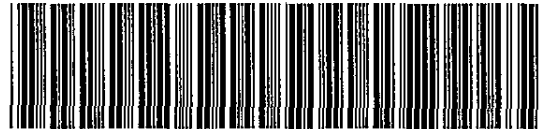
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

3/24

AA 111111

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of CORPORATION

DOCUMENT NUMBER: P 9700008 1154

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

Please return all correspondence concerning this matter to the following:

CHRISTOPHER T. HARKINS

(Name of Person)

Universal Medical Concepts, Inc

(Name of Firm/Company)

6245 N. Federal Hwy, Suite 300

(Address)

FT LAUDERDALE, FL 33308

(City/State/and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of 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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

PEDIATRIC Wellness Center, INC.

SECOND: The document number of the corporation (if known): P9700008 1154

THIRD: The date dissolution was authorized: December 31, 2003

Effective date of dissolution if applicable: December 31, 2003
(no more than 90 days after dissolution file date)

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 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 _____ day of _____,

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)

CHRISTOPHER T. HARKINS

(Typed or printed name of person signing)

CFO; TREASURER

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 19 PM 3:29

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