

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

**DISSOLUTION OR WITHDRAWAL
ROCA DIAGNOSTIC LABORATORY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

2012 JUL 30 AM 8:02

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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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:
ROCA Diagnostic Laboratory, Inc.

SECOND: The document number of the corporation (if known): P97000088416

THIRD: The date dissolution was authorized: July 27, 2012

Effective date of dissolution if applicable: 11:59 p.m. on July 31, 2012
(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 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)

David Weavil

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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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: ROCA Diagnostic Laboratory, 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:

(1) Name of claimant; (2) reasonably detailed description of claim; (3) amount
of claim; (4) contact person for claimant

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

Solstas Lab Partners Group, LLC

4380 Federal Drive, Suite 100

Greensboro, NC 27410

Attention: General Counsel

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.

David Weavil

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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