

P98000003919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

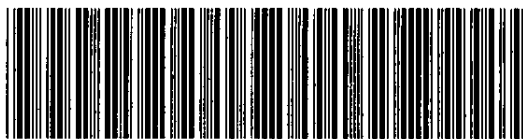
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TALLAHASSEE, FLORIDA

Vo/di's
News
9-4-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution - Senior Quality Medical Care

DOCUMENT NUMBER: P98000003919

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

Please return all correspondence concerning this matter to the following:

Courtney Browning
(Name of Contact Person)

Senior Quality Medical Care, Inc.
(Firm/Company)

6919 W Linebaugh Ave, Ste 101
(Address)

Tampa, FL 33625
(City/State and Zip Code)

For further information concerning this matter, please call:

Courtney Browning at (727) 868 8373
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2008

COURTNEY BROWNING
SENIOR QUALITY MEDICAL CARE, INC.
6919 W. LINEBAUGH AVENUE, SUITE 101
TAMPA, FL 33625

SUBJECT: SENIOR QUALITY MEDICAL CARE, INC.
Ref. Number: P98000003919

We have received your document for SENIOR QUALITY MEDICAL CARE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Your document is being returned as requested.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 308A00046905

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TALLAHASSEE, FLORIDA

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:

Senior Quality Medical Care, Inc.

SECOND: The document number of the corporation (if known): P98000003919

THIRD: The file date of the articles of incorporation: 01/12/1998

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: _____

(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.)

Haider A. Khan, MD

(Typed or printed name of person signing)

President

(Title of Person Signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35