## P98000030454

| (Requ                       | uestor's Name)  |             |
|-----------------------------|-----------------|-------------|
| (Addr                       | ess)            |             |
| (Addr                       | ess)            |             |
| (City/s                     | State/Zip/Phone | e #)        |
| PICK-UP                     | ☐ WAIT          | MAIL (      |
| (Busir                      | ness Entity Nan | ne)         |
| (Docu                       | ment Number)    |             |
| Certified Copies            | Certificates    | s of Status |
| Special Instructions to Fil | ing Officer:    |             |
|                             |                 |             |
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SECRETARY OF STATE DIVISION OF CORPORATION

Ant 1155 May 1.28.08

## **COVER LETTER**

| TO: Amendment Section  Division of Corporations   |   |  |
|---|---|--|
| Division of Corporations  |   |  |
| SUBJECT: ORR Legal Nu   | rse Consultancy, Ias.                             |  |
| DOCUMENT NUMBER:  |   |  |
| The enclosed Articles of Dissolution and fee are s  | ubmitted for filing.                              |  |
| Please return all correspondence concerning this m  | atter to the following:                           |  |
| Maureen J. O.<br>(Name of Contact   | 2R. R.N.  |  |
| (Name of Contact  | Person)   |  |
| ·   | •   |  |
|   |   |  |
| (Firm/Comp  |   |  |
| 10/133  | nding Count                                       |  |
| Address)  | 1 2 2 3 3 4 5 4 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 |  |
|   |   |  |
| Jacksonillo, FL   | 3.2258 (in Code)                                  |  |
| (City/State and Z   | Cip Code)   |  |
|   |   |  |
| For further information concerning this matter, plea  | ase call:   |  |
|   |   |  |
| Man Too DN  | (ANL) 212-07/A                                    |  |
| Maureer J. ORR R.N. at (904) 262-9749  (Name of Contact Person) (Area Code & Daytime Telephone Number)                  |   |  |
| (Name of Contact Person)  | (Area Code & Daytime Telephone Number)            |  |
| Enclosed is a check for the following amount:   |   |  |
| Mass 5111 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   | 55 P. P. A. T. 1050 SO P. P.                      |  |
| \$35 Filing Fee \$\infty\$\$43.75 Filing Fee \& \$\infty\$\$\$\$Certificate of Status \$\infty\$\$Certificate of Status | fied Copy Certificate of Status &                 |  |
|   | itional copy is Certified Copy                    |  |
|   | osed) (Additional copy is enclosed)               |  |
| MAILING ADDRESS:  | STREET ADDRESS:                                   |  |
| Amendment Section   | Amendment Section                                 |  |
| Division of Corporations  | Division of Corporations                          |  |
| P.O. Box 6327   | Clifton Building                                  |  |
| Tallahassee, FL 32314   | 2661 Executive Center Circle                      |  |

Tallahassee, FL 32301

## 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:   |  |
|---|--|--|
|   | Ore Legal Nurse Consultancy Tive.  |  |
| SECOND:   | The document number of the corporation (if known): $998000030454$  |  |
| THIRD:  | The file date of the articles of incorporation: $3.30/1998$  |  |
| FOURTH:   | (CHECK AT LEAST ONE BOX)   |  |
|   | None of the corporation's shares have been issued.   |  |
|   | The corporation has not commenced business.  No debt of the corporation remains unpaid.  |  |
| 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. |  |  |
|   |  |  |
|   |  |  |
| Sign  | ature: Man ea Q  |  |
|   | (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.) |  |
|   | Maureen J. Oce RN  |  |
|   | (Typed or printed name of person signing)  |  |
|   | (Title of Person Signing)  |  |
|   | (Title of Leison alkinik)  |  |

Filing Fee: \$35