

P98000052054

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EXPRESS CORPORATE FILING SERVICE INC.

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(City, State, Zip)

(Phone #)

800003943798--5

-04/02/01--01093--022

*****35.00 *****35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Caribe Medical Services, INC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

RECEIVED
01 APR -2 PM 1:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
01 APR -2 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GOULLETTE APR 02 2001

Examiner's Initials

ARTICLES OF DISSOLUTION

FILED
01 APR -2 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: CARIBE MEDICAL SERVICES, INC.

SECOND: The date dissolution was authorized: 12-15-2000

THIRD: 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 vote 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 15TH day of DECEMBER, 20 00

Signature

Haber.

(By the Chairman or Vice Chairman of the Board, President, or other officer)

LOURDES HABER

(Typed or printed name)

PRESIDENT

(Title)