

P980000077002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

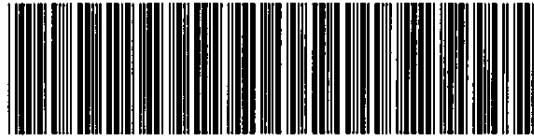
(Document Number)

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Ant Diss  
w/notice  
10.11.07



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10/08/07--01033--010 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT - 8 PM 3:52

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PARADISE MEDICAL CENTER, INC.

**DOCUMENT NUMBER:** P98000077002

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

Please return all correspondence concerning this matter to the following:

William P. Meehan, Esq.

(Name of Contact Person)

MEEHAN LAW FIRM

(Firm/Company)

19 50 Courtney Drive #205

(Address)

Fort Myers, FL 33901-9017

(City/State and Zip Code)

For further information concerning this matter, please call:

William P. Meehan

(Name of Contact Person)

at ( 239 )

939-4254

(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

## 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:  
PARADISE MEDICAL CENTER, INC.

SECOND: The document number of the corporation (if known): P98000077002

THIRD: The date dissolution was authorized: October 1, 2007

Effective date of dissolution if applicable: \_\_\_\_\_  
(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)

Ephraim G. Aguilar

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
07 OCT - 8 PM 3:52

Filing Fee: \$35

## 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: PARADISE MEDICAL CENTER, 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. The basis of the claim:

2. The name and address of claimant:

3. The name and address of the claimant's agent or attorney, if any:

4. The amount of the claim:

5. Whether the claim is or is not contingent:

6. Whether the claim is or is not secured:

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

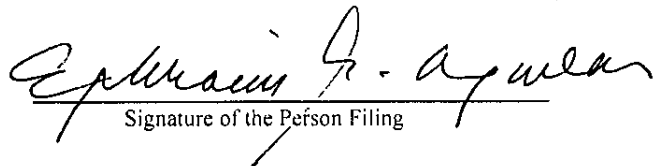
2656 Rue Toulouse Ave.

Henderson, NV 89044

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.

Ephraim G. Aguilar

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**