

P98000093183

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400002910694--1

-06/21/99--01044--031

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

OFFICE USE ONLY

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

1. QUALITY OF LIFE DIAGNOSTIC & TREATMENT, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

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

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

C. COULLETTE JUN 22 1999

Examiner's Initials

RECEIVED
99 JUN 21 AM 11:34
DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 21, 1999

LAZARUS CORPORATE FILING SERVICE, INC.

TALLAHASSEE, FL

SUBJECT: QUALITY OF LIFE DIAGNOSTIC AND TREATMENT CENTER, INC.
Ref. Number: P98000093183

We have received your document for QUALITY OF LIFE DIAGNOSTIC AND TREATMENT CENTER, 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 599A00032999

RECEIVED
99 JUN 22 AM 11:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation is: QUALITY OF LIFE DIAGNOSTIC
AND TREATMENT CENTER, INC.

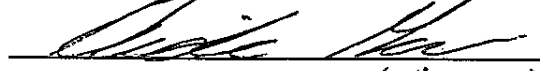
SECOND: The date dissolution was authorized: 5/28/99

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 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 11 day of JUNE, 1999

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

AIDA GARCIA

(Typed or printed name)

PRESIDENT

(Title)

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