Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000134582 3)))



H150001345823ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet,

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CARLTON FIELDS

Account Number : 076077000355 Phone

: (813)223-7000

Fax Number

: (813)229-4133

DISSOLUTION OR WITHDRAWAL ORTHOPEDIC IMPLANT CONSULTANTS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 0 8 2015

D CONNELL

ARTICLES OF DISSOLUTION OF ORTHOPEDIC IMPLANT CONSULTANTS, INC.

Orthopedic Implant Consultants, Inc., a Florida corporation (the "Corporation"), is hereby dissolved under the laws of the State of Florida, pursuant to Section 607.1403 of the Florida Business Corporation Act.

ARTICLE I

The name of the Corporation is: Orthopedic Implant Consultants, Inc. The Articles of Incorporation were filed on December 29, 1998, under document Number P98000107453.

ARTICLE II Dissolution Authorized

Dissolution was authorized on January 28, 2015, by the Corporation's shareholders by unanimous written consent in accordance with Florida Statutes Section 607.1402.

ARTICLE III Shareholder Approval

The number of votes cast by the Corporation's shareholders was sufficient for approval.

Dated: MAY 21 57 , 2015.

Frank Russo

President

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: Orthopedic Implant Consultants, 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:
See Attachment to Notice of Corporate Dissolution.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
5601 Powerline Road #102-103
Ft. Lauderdale, FL 33309
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.
Frank Russo, President tust Tusto
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

Attachment to Notice of Corporate Dissolution ORTHOPEDIC IMPLANT CONSULTANTS, INC.

Description of information that must be included in a claim:

- A. The full legal name, mailing address, phone number, and email address of the claimant;
- B. A detailed description of the claim asserted, including but not limited to:
 - 1. date of the claim;
 - 2. nature of the relationship between claimant and Orthopedic Implant Consultants, Inc. (the "Corporation");
 - 3. factual and legal basis for the claim, including the date or dates during which the cause for the claim arose, the Corporation's asserted involvement, existence of any contractual agreement between the Corporation and claimant or an implicated third party, and any other material information;
 - 4. monetary amount of the claim; and
 - 5. any damages incurred by the claimant pursuant to the claim.