

P99000026193

Requester's Name

Robert E. Blank  
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Coral Springs, FL 33076  
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP -7 PM 3:47

Office Use Only

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

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-09/07/00--01066--017  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

1. \_\_\_\_\_  
(Corporation Name) (Document #)
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4. \_\_\_\_\_  
(Corporation Name) (Document #)

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|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Certificate of Status |
|                                   | <input type="checkbox"/> Photocopy          |  |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Uo/d.is

S. PAYNE SEP 14 2000

Examiner's Initials *ys*

## ARTICLES OF DISSOLUTION

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Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: \_\_\_\_\_

EAGLEVIEW HEALTHCARE INC.

SECOND: The filing date of the articles of incorporation was: 3/23/99.

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 1<sup>ST</sup> day of SEPTEMBER, 19 2000.

Signature \_\_\_\_\_

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

ROBERT BLANK

(Typed or printed name)

PRESIDENT

(Title)

**EAGLEVIEW HEALTHCARE, INC.**  
11510 NW 56TH DRIVE  
SUITE 110-3  
CORAL SPRINGS, FL 33076