## 199000036312

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3. VILLARY OF STATE A

## **COVER LETTER**

**TO:** Amendment Section

**Division of Corporations** SUBJECT: Nogueras Family Health Associates, Inc. DOCUMENT NUMBER: P99000036312 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Debra Nogueras (Name of Contact Person) Nogueras Family Health Associates, Inc. (Firm/Company) 9805 SW 115th Court (Address) Miami, Florida (City/State and Zip Code) For further information concerning this matter, please call: Debbie Nogueras (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ✓\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS: Amendment Section** Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following pursuant to section 607.1401, Florida profit corporation submits the following pursuant to section 607.1401, Florida profit corporation submits the following pursuant to section 607.1401, Florida profit corporation submits the following pursuant to section 607.1401, Florida profit corporation following pursuant to section 607.1401, Florida profit corporation following pursuant to section 607.1401, Florida profit corporation following pursuant followin FIRST: The name of the corporation as currently filed with the Florida Department of State: Nogueras Family Health Associates, Inc. The document number of the corporation (if known): P99000036312 SECOND: The file date of the articles of incorporation: 04/21/1999 THIRD: FOURTH: (CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: to the shareholders, if shares were issued. SEVENTH: Adoption of Dissolution (CHECK ONE) ✓ A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. 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.)

(Typed or printed name of person signing)

President

(Title of Person Signing)

Debra Noqueras

Filing Fee: \$35