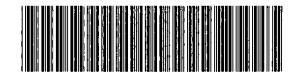
P9900051331

(Re	questor's Name)	
· (Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

AMD 155 03/4/11

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Millennium Medical Sc	gslems. Inc.
DOCUMENT NUMBER: <u>P99 0000 5133 1</u>	
The enclosed Articles of Dissolution and fee are submit	tted for filing.
Please return all correspondence concerning this matter	to the following:
Antonio Zas (Name of Contact Person	
(Name of Contact Person	on)
Millennium Medical System/Company)	
1604 Olive Street	
(Address)	
Laheland, Fl. 33815 (City/State and Zip Co	
(City/State and Zip Co	ode)
For further information concerning this matter, please ca	all:
	(3) 318-1020
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigs\tag{\text{\$43.75 Filing Fee & \$\bigs\tag{\text{\$43.75 Fi}}}\$ Certificate of Status Certified (Additiona enclosed)	Copy Certificate of Status & Certified Copy
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassaa FL 3031/	2661 Evecutive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2011

ANTONIO ZAS 2ND MAILING MILLENNIUM MEDICAL SYSTEMS, INC. P.O. BOX 24209 LAKELAND, FL 33802

SUBJECT: MILLENNIUM MEDICAL SYSTEMS. INC.

Ref. Number: P99000051331

We have received your document for MILLENNIUM MEDICAL SYSTEMS. INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE CHECK AT LEAST 1(one) BOX IN THE 4(th) PART OF THE FORM.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 311A00002288

RECEIVED II HAR - 2 AM 10: 44 SECRETARE PROFILE FALLARISEE FLORIDA



January 27, 2011

ANTONIO ZAS MILLENNIUM MEDICAL SYSTEMS, INC. 1604 OLIVE STREET LAKELAND, FL 33815

SUBJECT: MILLENNIUM MEDICAL SYSTEMS. INC.

Ref. Number: P99000051331

We have received your document for MILLENNIUM MEDICAL SYSTEMS. INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE CHECK AT LEAST 1(one) BOX IN THE 4(th) PART OF THE FORM.

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) 245-6964.

Letter Number: 311A00002288

Irene Albritton Regulatory Specialist II

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 Sta	ite:
	Millennium Medical Systems, Inc.	
SECOND:	The document number of the corporation (if known): $\rho q \rho \infty 5133$	0
THIRD:		11 H
FOURTH:	(CHECK AT LEAST ONE BOX)	另一2
	None of the corporation's shares have been issued.	11 HAR -2 PH 1:09
	The corporation has not commenced business.	1: 09
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed 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.	
Sign	ature: (By a director, president or other officer - if directors or officers have not been selected, by an incorpora in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	ator - if
	(Typed or printed name of person signing)	
	President (Title of Person Signing)	

Filing Fee: \$35