P9900005/688

(Pa	equestor's Name)		
(Ne	questors marrie		
· (Ad	dress)		
(Ad	dress)		
(Cit	:y/State/Zip/Phone	. <u>.</u>	
(0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>,</i>	
PICK-UP	☐ WAIT	MAIL	
	· · · · · · · · · · · · · · · · · · ·		
•	,	•	
(Bu	siness Entity Nar	ne)	
	:	•	
(Document Number)			
	,		
Certified Copies	Certificates	of Status	
Certified Copies Certificates of Status			
	. <u>. </u>		
Special Instructions to	Filing Officer:		
		j	
ı		}	

Office Use Only



300123485763

04/21/08--01004--025 **35.00

SECRETARY OF STATE

Volds/innoth



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2008

WILLIAM P. KELLY ROSE TELEMEDICINE, INC. 5055 REMBRANDT DR. CUMMING, GA 30040

SUBJECT: ROSE TELEMEDICINE, INC.

Ref. Number: P99000051688

We have received your document for ROSE TELEMEDICINE, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 008A00021028

COVER LETTER

Division of Corporations	
SUBJECT: ROSE TELEMEDICINE, INC DISSOLUTION	_
DOCUMENT NUMBER: P99000051688	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
WILLIAM P. KELLY	
(Name of Contact Person)	2008
ROSE TELEMEDICINE, INC	2008 APR -7 AM 8: 00
(Firm/Company)	
5055 REMBRANT DRIVE	桑
(Address)	
CUMMING, GA 30040	6 8
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
WILLIAM P. KELLY at (678) 648 5214	
(Name of Contact Person) at (O70) 648 5214 (Name of Contact Person) (Area Code & Daytime Telephone N	umber)
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 (Additional copy is enclosed) (Additional copy is enclosed) \$\$52.50 Filing Fee, Certificate of Status (Additional copy is enclosed)	&

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 State	te:	
	ROSE TELEMEDICINE, INC.		
SECOND:	The document number of the corporation (if known): P99000051688		
THIRD:	The file date of the articles of incorporation: JUNE 8, 1999		
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 to the shareholders, if shares were issued.	SECRE TALLAH	08 APR
SEVENTH:	Adoption of Dissolution (CHECK ONE)	TAR'	8
	A majority of the incorporators authorized the dissolution.	or s	PH 2
	A majority of the directors authorized the dissolution.	TATE	2: 03
Signa	(By a director, president or other officer - if directors or officers have not been selected, by an incorporat in the hands of a receiver, trustee, or other court appointed fiductary, by that fiduciary.)	 or - if	
	WILLIAM P. KELLY (Typed or printed name of person signing)		
	PRESIDENT (Title of Person Signing)		

Filing Fee: \$35