## P99000065065

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## TRANSMITTAL LETTER

TO: Amendment Section

Tallahassee, Florida 32314

Division of Corporations
SUBJECT: ABUNDANT MEDICAL STAFFING
DOCUMENT NUMBER: P 99000065065
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Clive O'Brian McIntosH (Name of Person)
Abundant Medical Staffing, Inc. (Name of Firm/Company)
Parrish, FL 34219 (City/State/and Zip Code)
For further information concerning this matter, please call:
Clive methos H at (561) 385-3682  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Street

Tallahassee, Florida 32399

## 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 Department of State:  Abundant Medical Staffing Inc.
SECOND:	The document number of the corporation (if known): P9900065065
THIRD:	The file date of the articles of incorporation was: July 15, 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.
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.
	A majority of the directors authorized the dissolution.
	Signed this 3 day of September 2004.
S	ignature:  (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.)
	Clive McIntosh (Typed or printed name of person signing)
	Title of person signing)

Filing Fee: \$35