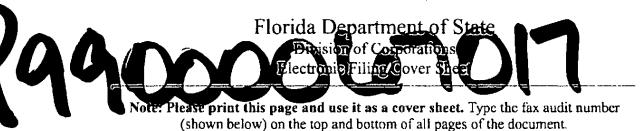
6/26/2020

Division of Corporations



(((H20000197511 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

DISSOLUTION OR WITHDRAWAL MED-TECH PRIVATE CARE, INC.

Certificate of Status	0
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PLEASE NOTE FUTURE EFFECTIVE DATE



June 29, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

MED-TECH PRIVATE CARE, INC. 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202-2412US

SUBJECT: MED-TECH PRIVATE CARE, INC.

REF: P99000067017

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 607.1407 or 617.1047, Florida Statutes, requires a Notice of Corporate Dissolution contain a description of the information that must be included in a claim.

The Notice of Dissolution has not been signed.

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) 245-6050.

Terri J Schroeder Regulatory Specialist III FAX Aud. #: H20000197511 Letter Number: 620A00012738

PLEASE NOTE FUTURE EFFECTIVE DATE

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:		
	Med-Tech Private Care, Inc.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: 6/18/2020		
	Effective date of dissolution if applicable: 07/31/2020		
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi not be listed as the document's effective date on the Department of State's records.	H	
FOURTH:	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable stantory filing requirements, this date without be listed as the document's effective date on the Department of State's records. Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.	FILEU	
	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)		
	Heather Pourlberg		
	(Typed or printed name of person signing)		
	Power of Attorney		
	(Title of person signing)		

Filing Fee: \$35