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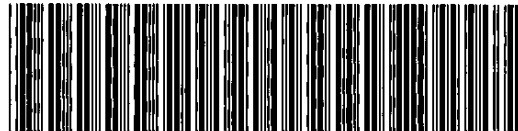
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Vol
diss of
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corp*

2006 SEP - 6 PM 4: 46

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEPT. OF REVENUE OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

06 SEP - 6 PM 4: 44

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**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. RAY MEDICAL EQUIPMENT AND SUPPLIES, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.06 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☒ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF DISSOLUTION

2006 SEP -6 PM 4:46

Pursuant to Section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the Corporation is: RAY MEDICAL EQUIPMENT & SUPPLIES, INC.

SECOND: The date of dissolution was authorized: September 1, 2006

THIRD: Adoption of Dissolution (CHECK ONE)

X Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

— Dissolution was approved by vote of the shareholders through voting Groups.

The following statement must be separately provided for each voting Group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by:

(Voting group)

Signed this 5th day of September of 2006

Signature: _____

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Mariam Ortega

(Typed or printed name)

President

(Title)

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and subscribed before me
Today September 5, 2006 at Miami, FL.

My Commission Expires:

Notary Public

