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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 922-4000

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
00 OCT 23 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION

IMMEDIATE MEDICAL CARE, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

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DIVISION OF CORPORATIONS

Voluntarily Dissolved
10/24/00

10/23/00 2:31 PM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
OF
IMMEDIATE MEDICAL CARE, INC.

The undersigned acting as **PRESIDENT** of **IMMEDIATE MEDICAL CARE, INC.**, under the Florida Business Corporations Act pursuant to a resolution unanimously adopted on October 1, 2000, by the directors and shareholders of **IMMEDIATE MEDICAL CARE, INC.**, files the following Articles of Dissolution:

ARTICLE I - NAME

The name of this Corporation is and was **IMMEDIATE MEDICAL CARE, INC.**

ARTICLE II - DATE OF DISSOLUTION

The effective date of dissolution shall be the date in which the undersigned president set forth his signature below.

ARTICLE III - DISSOLUTION PURSUANT TO F.S. 607.1402

The undersigned represents that he is the **PRESIDENT** of **IMMEDIATE MEDICAL CARE, INC.** Furthermore, the undersigned represents that all procedures precedent to this dissolution have been preformed pursuant to the above-referenced statute being Florida Statute 607.1403.

ARTICLE IV - ASSETS

The undersigned corporate officers acting on behalf of IMMEDIATE MEDICAL CARE, INC., hereby state and affirm that the corporation does not possess, cover, or own any assets.

10/1/00
DATED

David Lavochnik
DAVID LAVOCHNIK, ~~as President of~~
IMMEDIATE MEDICAL CARE, INC.

STATE OF CALIFORNIA)
COUNTY OF Los Angeles)
SS:

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared DAVID LAVOCHNIK, known to me to be the person described herein and who produced Russian Passport as a form of identification, who executed the foregoing Articles of Dissolution and acknowledged before me that he executed these Articles of Incorporation and that the contents therein are known to be true to the best of his knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid this 1st day of October, 2000.

Magda Reyes
NOTARY PUBLIC, State of California at Large

Magda Reyes
PRINT NAME

