

FROM: LAZARIUS

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May. 04 2009 10:40AM F1

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Florida Department of State
Division of Corporations
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DISSOLUTION OR WITHDRAWAL

MILLENNIUM MEDICAL PLAN CENTERS OF FLORIDA, INC.

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May 4, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MILLENNIUM MEDICAL PLAN CENTERS OF FLORIDA, INC.
360 S.W. 24TH ST.
STE. #22-A
MIAMI, FL 33155

SUBJECT: MILLENNIUM MEDICAL PLAN CENTERS OF FLORIDA, INC.
REF: P02000002164

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

The current name of the entity is as referenced above. Please correct your document accordingly.

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Tina Roberts
Regulatory Specialist II

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TALLAHASSEE, FLORIDA

FROM : ZARUS

FAX NO. : 3052201440

May. 04 2009 10:40AM P3

H09000112164

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:
MILLENNIUM MEDICAL PLAN CENTERS OF FLORIDA, INC.

SECOND: The document number of the corporation (if known): P02000002164

THIRD: The date dissolution was authorized: 04/27/09

Effective date of dissolution if applicable: 04/30/09
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

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

☐ Dissolution was approved by 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)

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)

DORSCHA N. TUGULTSCHINOW.

(Typed or printed name of person signing)

PRESIDENT.

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA