

P9S000062680

(Requestor's Name)

CLAY MEDICAL CENTER
P. O. BOX 4740
OCALA, FL 34478

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

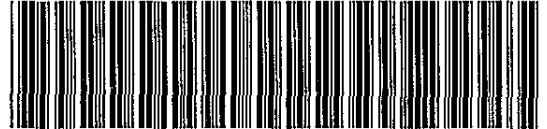
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR 27 AM 9:45

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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:

CLAY Medical Center, PA

SECOND: The document number of the corporation (if known): P95000062680

THIRD: The date dissolution was authorized: 3-22-06

Effective date of dissolution if applicable: SAME
(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 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)

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 06 MAR 27 AM 9:45
 SECRETARY OF STATE
 ALACHUA COUNTY, FLORIDA

Signature: *Sanford Z. Pollak*
(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)

SANFORD Z. POLLAK
(Typed or printed name of person signing)

Pres.
(Title of person signing)

Filing Fee: \$35