

970000 46187

Quali-Care Delivery Systems, Inc.
5372 West 4th Lane
Hialeah, FL 33012
(305) 822-4597

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

800002615348--8
-08/13/98--01089--012
*****96.25 *****96.25

August 7, 1998

Dear Sir/Madam:

Pursuant to section 607.1403, Florida Statutes, I have completed an Article of Dissolution form for Quali-Care Delivery Systems, Inc.

I have enclosed a check for the amount of \$96.25 to cover the filing fee, one (1) certified copy of the dissolution and a certificate of status.

If you should have any questions or require further information, please do not hesitate to contact me at the (305) 822-4597.

Thank you in advance for your assistance.

Sincerely,

Elma C. Mazzorana
Elma C. Mazzorana

FILED
98 AUG 13 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOID IS
KRG/18

ARTICLES OF DISSOLUTION

FILED
98 AUG 13 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: Quali - Care Delivery Systems, Inc.

SECOND: The date dissolution was authorized: August 7, 1998

THIRD: 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 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 7th day of August, 19 98

Signature

Elma C. Mazzorana

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

Elma C. Mazzorana

(Typed or printed name)

President

(Title)