

P9800098349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

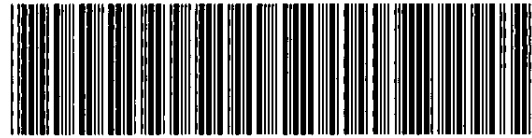
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D. SS / Inaehr  
*[Signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 29 AM 11:41

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation - Florida Profit

**DOCUMENT NUMBER:** P98000098349

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patti Turpin

(Name of Contact Person)

Florida Department of Financial Services/Division of Rehab & Liquidation

(Firm/Company)

P.O. Box 110

(Address)

Tallahassee, FL 32302-0110

(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Connolly

(Name of Contact Person)

at ( 850 ) 413-4532

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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:  
AMERICA'S HEALTH CHOICE MEDICAL PLANS, INC.

SECOND: The document number of the corporation (if known): P98000098349

THIRD: The date dissolution was authorized: 11/15/2010

Effective date of dissolution if applicable: 11/15/2010  
(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: Patti Turpin  
(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)

PATTI TURPIN  
(Typed or printed name of person signing)

DEPUTY RECEIVER  
(Title of person signing)

**Filing Fee: \$35**

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TALLAHASSEE, FLORIDA