

415728

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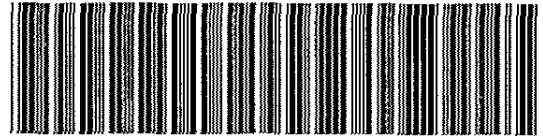
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Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Re: LAKEVIEW NURSING CENTER, INC.
Document Number 415728

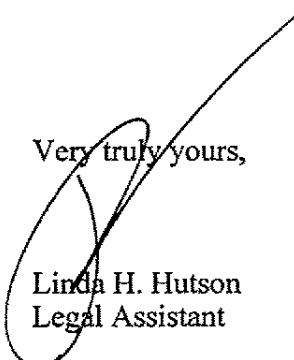
Gentlemen:

We enclose original and one copy of Articles of Dissolution of the above referenced corporation. Please endorse your approval on the copy of the Articles of Dissolution, certify same and return to us.

Our firm's check in the amount of \$43.75 is enclosed to cover the cost of filing the Articles of Dissolution.

Thank you for your attention to this matter.

Very truly yours,



Linda H. Hutson
Legal Assistant

Enclosures
(K:\Miller,Margaret\Lakeview\Secretary of State Let.lhh)

FLORIDA
ARTICLES OF DISSOLUTION
OF
LAKEVIEW NURSING CENTER, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL - 1 PM 2:48

Pursuant to Section 607.1403 of the Florida Statutes, the undersigned Corporation adopts these Articles of Dissolution.

FIRST: The name of the Corporation is LAKEVIEW NURSING CENTER, INC.

SECOND: The dissolution was authorized on June 30, 2005.

THIRD: The dissolution was approved by the Shareholders. The number of votes cast in favor of the dissolution was 1,000, which was sufficient for approval pursuant to law.

FOURTH: These Articles of Dissolution will take effect on July 1, 2005.

DATED: June 30, 2005.

Name: Steve F. Miller

Name: A.C. Holiday Jr.

(CORPORATE SEAL)

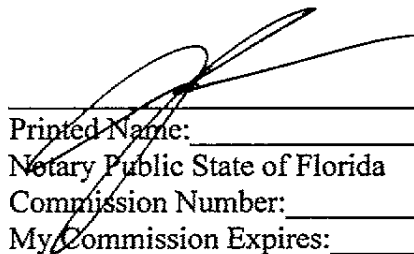
LAKEVIEW NURSING CENTER, INC.

Joseph H. Miller President
JOSEPH H. MILLER, President

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 30th day of June, 2005, by JOSEPH H. MILLER, as President of LAKEVIEW NURSING CENTER, INC., a Florida corporation, on behalf of the corporation. Said person did not take an oath and (check one) ☒ is personally known to me, _____ produced a driver's license (issued by a state of the United States

within the last five (5) years) as identification, or _____ produced other identification, to wit:


Printed Name: _____

Notary Public State of Florida

Commission Number: _____

My Commission Expires: _____

(K:\Miller, Margaret\Lakeview\Articles of Dissolution.lhh)

