

- <u>Filing Evidence</u>
- Plain/Confirmation Copy
- ☑ Certified Copy

## **Retrieval Request**

- □ Photocopy
- $\Box$  Certified Copy

- □ Certificate of Good Set n
- □ Articles Only
- □ All Charter Docume Articles & Amendments

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- □ Fictitious Name Certificate
- □ Other

NEW FILINGS
Profit
Non Profit
Limited Liability
Domestication
Other

 OTHER FILINGS
 Annual Reports
 Fictitious Name
Name Reservation
Reinstatement

	AMENDMENTS		II SEP	
	Amendment	ENCY	. =	
	Resignation of RA Officer/Director	SED.		
	Change of Registered Agent		- Ö	
x	Dissolution/Withdrawal	_	<u> </u>	
	Merger			R

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REGISTRATION/QUALIFICATION	1
Foreign	
Limited Liability	
Reinstatement	
Trademark	~
Other	



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## ARTICLES OF DISSOLUTION OF DELAND CONVALESCENT CENTER, INC.

## STATE OF FLORIDA COUNTY OF VOLUSIA



I, the undersigned President of DeLand Convalescent Center, Inc., a stock correctation organized under the laws of the State of Florida, do hereby, for the purpose of compliance with the provisions of Section 607.1403 Florida Statutes, in relation to the voluntary dissolution of corporations, make and attest these Articles of Dissolution and certify as follows:

- 1. The name of the corporation is DeLand Convalescent Center, Inc.
- The dissolution of the above named corporation was approved in accordance with 2. §607.1402(6) and §607.0704 Florida Statutes by written consent of a majority of the shareholders of the corporation on August \_ , 2001. The number of votes cast was sufficient for approval.

IN WITNESS WHEREOF, I have made and executed these Articles this \_\_\_\_\_ day of August, 2001.

STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this  $2 \times 2$  day of August, 2001, by Fred A. Lane, as President of DeLand Convalescent Center, Inc. who is personally known to me or as identification. has produced

NOT Sigp Print: te of Florida At Large Sta (Seal) My Commission Expires: Title/Rank. Commission Number: ELIZABETH A. WALDREN

MY COMMISSION # DD 01212 EXPIRES: July 12, 2005 Bonded Thru Notary Public Underwrite

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