

557941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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800051861378

*dissolution  
with  
notice*

FILED  
05 MAY 17 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 MAY 17 PM 1:01  
CORPORATIONS  
TALLAHASSEE, FLORIDA

*Off  
G/n/a*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 374770 7391903

AUTHORIZATION

*Patricia P. [Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : May 16, 2005

ORDER TIME : 11:02 AM

ORDER NO. : 374770-005

CUSTOMER NO: 7391903

CUSTOMER: Ms. Joley Martinez  
Ltc Properties, Inc.  
Suite 350  
22917 Pacific Coast Hwy  
Malibu, CA 90265

DOMESTIC FILINGS

NAME: UNIVERSITY PARK COVALESCENT  
CENTER, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT# 2955

EXAMINER'S INITIALS: \_\_\_\_\_

## ARTICLES OF DISSOLUTION

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

FILED  
05 MAY 17 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

UNIVERSITY PARK CONValesCENT CENTER, INC.

SECOND: The document number of the corporation (if known): 557941

THIRD: The date dissolution was authorized: 5-09-05

Effective date of dissolution if applicable: upon Filing  
(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)

Signed this 9<sup>th</sup> day of May, 2005

Signature: \_\_\_\_\_

(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)

PAMELA SHELLEY-KESSLER

(Typed or printed name of person signing)

VP & SECRETARY

(Title of person signing)

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: UNIVERSITY PARK CONVALESCENT CENTER, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name of claimant; date of occurrence; nature of  
claim  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

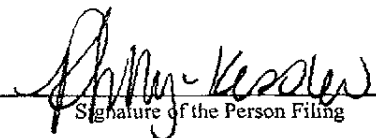
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

22917 Pacific Coast Hwy #350  
malibu, CA 90265  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Pamela Shelley Kessler

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**