	ACCOUNT NO. REFERENCE AUTHORIZATION COST LIMIT	: 46740	atricia	28257 Pujuto	INI SEP 17 PM 12: 06	FILED
ORDER DATE	: September 11, 20	001				
ORDER TIME	: 9:22 AM					-
ORDER NO.	: 467468-095				1002 1007	
CUSTOMER NO	5028257				SEP	影石の
1 6 5	Ms. Maria Ayub Magellan Health Se: 5950 Columbia Gatex Suite 400 Columbia, MD 21046	way Drive	nc.		NTEHDED NOV OF FILING	IVED NT OF STATE CORPORATIONS
	DOMESTIC	FILINGS				
NAME	NEW ALLIED, I	ENC.				
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XX ARTICI	LES OF DISSOLUTION					
PLEASE RETUR	RN THE FOLLOWING AS	S PROOF OI	F FILING:			
CERT	TIFIED COPY IN STAMPED COPY					-

ARTICLES OF DISSOLUTION

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

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FIRST:	The name of the corporation is:	New Allied	In

SECOND: The date dissolution was authorized: <u>August 15, 2001</u>

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	28th day of	August		, s.
Signature	Machillen the Chairman or Vice Chair	man of the Board, President, or oth	er officer)	
	Mark 5. Demil			
	(Ty	ped or printed name)	;	
	Vice Presider	(Title)	<u> </u>	