

F05994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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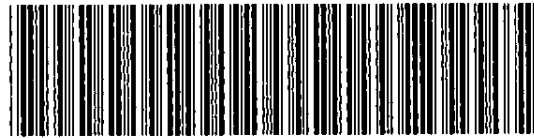
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

diss
C.COULLETTE

JUN 23 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 822755 4350891

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : June 23, 2011

ORDER TIME : 10:20 AM

ORDER NO. : 822755-010

CUSTOMER NO: 4350891

DOMESTIC FILINGS

NAME: PETERSEN HEALTH CARE, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT# 2949

EXAMINER'S INITIALS: _____

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:

Petersen Health Care, Inc.

SECOND: The document number of the corporation (if known): F05994

THIRD: The date dissolution was authorized: 6/1/2011

Effective date of dissolution if applicable:
(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)

Signature: Holly Rasmussen-Jones

(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)

Holly Rasmussen-Jones

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35

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