01/10/2006 15:03

8502227515

Division of Corporations

PAGE 01/02

Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060000078513)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tos

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

DISSOLUTION OR WITHDRAWAL

HIALEAH CONVALESCENT CENTERS, INC.

0
0
02
\$35.00

Help

Electronic Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

Corporate Filing Menu

1/10/2006

CT CORP

01/10/2006 15:03 85 JAN-10-2006 14:02

8502227615

C T Atlanta team 3

40 4000000

PAGE 82/82

4048887795 P.03/03

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 S	itate:	
	Hialeah Convalescent Centers, Inc.		
SECOND:	The document number of the corporation (if known): G29121	···	_
THIRD:	The date dissolution was authorized: 11-30-05		
	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 was sufficient for approval.	díssolut	ion
	Dissolution was approved by of the shareholders through voting groups.		
	The following statement must be separately provided for each voting group enti- to vote separately on the plan to dissolve:	tled	Ü
	The number of votes east for dissolution was sufficient for approval by	06,	SEC
	Hialeah Convalescent Centers, Inc.	JAN 10	DRETA
	(voling group)	0	87F
	Party Min	PM 4: 17	OF STATE
;	Signature: (By a director, president or other officer - it directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		NS.
	Jody B. Martin		
	(Typed or printed name of person signing)		
	Assistant Secretary		
	(Title of person signing)		

Filing Fee: \$35