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Account Number : FCA00000023 Phone : (850)222-1092 Fax Number : (850)222-9428 U V V A C DISSOLUTION PSYCHIATRIC FACILITY AT MEDFIELD, INC. [Certificate of Status 0	D
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## FLORIDA DEPARTMENT OF STATE Glenda E. Höod Secretary of State

March 18, 2004

PSYCHIATRIC FACILITY AT MEDFIELD, INC. 3820 STATE STREET C/O SHERRIE SMITH SANTA RARBARA, CA 93105

SUBJECT: PSYCHIATRIC FACILITY AT MEDFIELD, INC. REF: G40267

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6027.

Michelle Milligan Document Specialist FAX Aud. #: H04000058041 Letter Number: 304A00018090

## 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 is: Psychiatric Facility-at Medfield,	Inc-
SECOND	The date dissolution was authorized: March 2, 2004	
THIRD:	Adoption of Dissolution (CHECK ONE)	
	ssolution was approved by the shareholders. The number of votes cast for dissolutions sufficient for approval.	ution
🖸 Di	ssolution was approved by vote of the shareholders through voting groups.	04 t
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:	FILED 64 MAR 18 PH ECRETARY OF ALL AHASSEE
Th	e number of votes cast for dissolution was sufficient for approval by	PH 3: 1 OF STAT
	(voting group)	
Signature	(By the Chairman or Vice Chairman of the Board, President, or other officer)	
	Lawrence G. Hizon (Typed or printed name)	. ·
	Vice President (Title)	

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