

DEC. 11. 2008 2:40PM

C S C

NO. 830

P. 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.**

(((H08000272130 3)))



H080002721303ABCK

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

**To:**

Division of Corporations  
Fax Number : (850) 617-6380

**From:**

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

08 DEC 11 PM 2:08

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DISSOLUTION OR WITHDRAWAL**

**FLORIDA HEALTH FACILITIES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Ant. Diss  
10 12/12/08

RECEIVED  
2008 DEC 11 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**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:

Florida Health Facilities, Inc.

SECOND: The document number of the corporation (if known): G52664

THIRD: The date dissolution was authorized: 8/4/83

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: \_\_\_\_\_

(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)

Michael P. McQuillen

(Typed or printed name of person signing)

Vice President & Secretary

(Title of person signing)

Filing Fee: \$35

08 DEC 11 PM 2:00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS