



ARBOR HEALTH CARE COMPANY

1100 Shawnee Road, Box 840

Lima, Ohio 45802-0840

419-227-3000

Fax 419-227-3499

J24428

300002192353--4
-05/27/97--01165--004
*****43.75 *****43.75

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED
P 580 407 368

May 23, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Highlands Health Center, Inc.
EIN 34-1522934
State Charter #J24428

FILED
97 MAY 27 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Taxpayer Assistant:

Enclosed you will find the Articles of Dissolution and a check in the amount of \$43.75 for dissolution and certificate of status.

Pursuant to your requirements my telephone number is 419-227-3000 and return address is Arbor Health Care Company, Tax Department, P.O. Box 840, Lima, Ohio 45802.

Very truly yours,
Arbor Health Care Company

Celeste M. Klay
Celeste M. Klay
Tax Accountant

Vcl. DISS.

fidis

Celeste M. Klay GAVE
AUTHORIZATION BY PHONE TO
CORRECT Corp. Name
DATE June 5, 1997
DOC. EXAM. VJW

VJW 6-5-97

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: Highlands Health CENTER, INC.

SECOND: The date dissolution was authorized: September 1, 1995

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 16th day of May, 19 97.

Signature 
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Brad C. Roush
(Typed or printed name)

Secretary
(Title)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA