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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Pax Number : (850)878-5368

DISSOLUTION OR WITHDRAWAL ORLANDO H.M.A., INC.

Certificate of Status	1
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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: Orlando H.M.A., Inc.		
SECOND:	The document number of the corporation (if known): ^{J38679}		
THIRD:	The date dissolution was authorized: December 1, 2009		
	Effective date of dissolution if applicable: December 31, 2009		
	(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.	5 3	
	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 east for dissolution was sufficient for approval by		
	(voting group)		
	10 00		
	Signature: Marklan		
`	(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)		
	Timothy R. Parry Polley & Par		
	(Typed or printed name of person signing)		
	Senior VP & Secretary		
	(Title of person signing)		

Filing Fee: \$35