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DIVISION OF CHITCHATION



19383-15628

VIA HAND-DELIVERY

Department of State Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Re: Articles of Dissolution

Dear Sir or Madam:

Please find enclosed for filing with your office the Articles of Dissolution of Community Hospitals and Health Systems Service Corporation, a Florida corporation. Also enclosed is our Firm's check in the amount of Thirty-Five Dollars (\$35.00) for the requisite filing fee.

If you have any questions or require any additional information, please feel free to contact me at 222-3533 ext. 159.

Sincerely,

Jaime L. Copley,

Legal Assistant to Mark T. Haney

Park

Warn

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Enclosures

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, Community Hospitals and Health Systems Service Corporation, , formerly known as AVHF Service Corporation, Inc., a Florida profit corporation, submits the following Articles of Dissolution:

- 1) The name of the corporation is the Community Hospitals and Health Systems Service Corporation, formerly known as AVHF Service Corporation, Inc. (hereinafter referred to as the "Corporation").
- 2) The filing date of the Articles of Incorporation was the eighteenth day of November, 1988, and the filing date of the Articles of Amendment to the Articles of Incorporation was the seventeenth day of December, 1996.
- 3) As of the date of these Articles of Dissolution, none of the Corporation's shares have been issued.
- 4) No debt of the Corporation remains unpaid.
- One the day of June, 2003, By Written Consent of All Shareholders and in accord with F.S. § 607.0704, dissolution of the Corporation was authorized.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution on this lotted day of June, 2003.

By:

Wayne NeSmith, President
Community Hospitals and Health Systems

STATE OF FLORIDA COUNTY OF LEON

The foregoing instrument was acknowledged before me this Oth day of June, 2003, by Wayne NeSmith, as President of the Community Hospitals and Health Systems Service Corporation, who is personally known to me or has produced _______ as identification.

Dyna C. Bearden
Printplame: Lynn C. Bearden

NOTARY PUBLIC -STATE OF FLORIDA My commission expires: My commission number:

Service Corporation

