

K53449

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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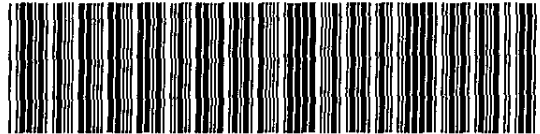
(Business Entity Name)

(Document Number)

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Dissolution
LFB

2-10-03

AvMED

HEALTH INSURANCE COMPANY

9400 SOUTH DADELAND BLVD.
MIAMI, FLORIDA 33156
(305) 671-5437
FLORIDA WATS: 1-800-432-6676
U.S. WATS: 1-800-228-0660
FAX: (305) 671-4726

January 23, 2003

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Dissolution of AvMed Health Insurance Company
FEI Number: 59-2903902

Dear Sir or Madam:

Enclosed please find Articles of Dissolution for AvMed Health Insurance Company pursuant to section 607.1403, Florida Statutes. Enclosed please also find a check made payable to the Florida Department of State in the amount of \$52.50 for the filing fee, certified copy of the dissolution and a certificate of status.

Thank you for your assistance in this matter and for erecting and maintaining the excellent web page for the Department of State.

Sincerely,



Stephen J. deMontmollin
Vice President & General Counsel

Enclosures



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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 is AvMed Health Insurance Company.

Second: The date dissolution was authorized was December 10, 2001.

Third: Adoption of Dissolution (Check one)

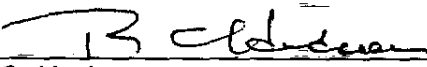
- ☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- ☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

(Voting Group)

Signed this 23rd day of January 2003.

Signature:


Robert C. Hudson
Chairman & President

SECTION 607.1403
DIVISION OF CORPORATIONS
2003 FEB -5 PM 2:16