

L000000014699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

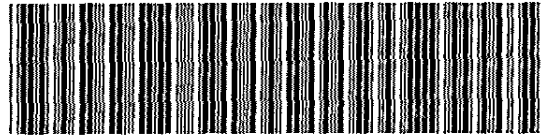
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/04/04--01056--004 **60.00

04 JUN -4 10:11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W
Wash

June 3, 2004

Florida Department of State
Registration Section, Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Articles of Dissolution

To Whom It May Concern:

Enclosed please find Articles of Dissolution for the following Limited Liability Companies:

CMS Healthcare of Alabama, LLC
CMS Healthcare of Connecticut, LLC
CMS Healthcare of Georgia, LLC
CMS Healthcare of Illinois, LLC
CMS Healthcare of Indiana, LLC
CMS Healthcare of Texas, LLC
CMS Care Management, LLC

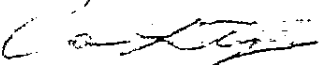
AND
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06 JUN -6 PM 11:13
SECRETARY OF STATE
TALLAHASSEE, FL 32399

I have enclosed a separate check in the amount of \$60 for each filing. This amount should cover the filing fee, certified copy and certificate of status. The letter of acknowledgement and certified copies can be sent to the following address:

Health Integrated, Inc.,
Attn: Corie Tregoe
10008 North Dale Mabry, Suite 214
Tampa, FL 33618

Should you have any questions, please don't hesitate to contact me directly at 877-267-7577, ext. 2205.

Sincerely,



Corie L. Tregoe
Sr. Director of Corporate Administration

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is CMS Healthcare of Illinois, LLC

2. The effective date of the limited liability company's dissolution is June 1, 2004

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to
Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

No active business

4. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.441.

5. All remaining property and assets have been distributed among its members in accordance with their
respective rights and interests.

6. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may
be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the
dissolution:

Signature



Typed or Printed name

MICHAEL YUHAS

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED