

LD1000003011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

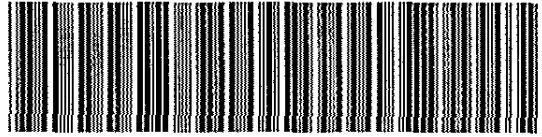
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600037620896

06/04/04--01056--001 \*\*60.00

04 JUN - 4 AM 11:11  
RECEIVED  
STATE  
CLERK  
JUL 1 2004

10-9-04

10008 North Dale Mabry  
Tampa, FL 33618

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

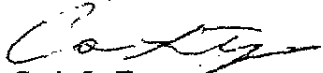
04 JUN -1 11:11  
FILED  
TALLAHASSEE, FL  
SECRETARY OF STATE

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 Alabama, 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. 608.4421.

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

FILED  
04 JUN -4 PM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA