L02000000987

(Re	questor's	Name)	
(Ad	dress)	. <u></u>	<u></u>
(Ad	dress)		
(Cit	:y/State/Z	ip/Phone #)	
PICK-UP	□ v	/AIT	MAIL
(Bu	siness E	ntity Name)	
(=		,,	
(Do	cument l	lumber)	
Certified Copies	_ Ce	rtificates of	Status
Special Instructions to	Filing Off	icer:	
Name Availabilit y			
Docum ent Examiner	DCC		
Updater	Office	Use Only	
Updater Verifyer	DCC	makang dinabay in turn dinas	
tickno /ledgement	DCC		
v/. P. Verifycr	DCC		



400019170004

07/31/03--01005--010 **25.00

O3 JUL 31 AM 8 OO SECTED



 $Q_{
m uality}\,H_{
m ealth}\,P_{
m lans,\,Inc.}$

Holiday Tower ♦ 2435 U.S. 19 ♦ Suite 470 ♦ Holiday, Florida 34691 Telephone: 727-945-8400 Facsimile: 727-945-8434

July 23, 2003

Department of State Registration Section PO Box 6327 Tallahassee, FL 32314

Re: Quality Health Plans of Florida, LLC Document L 02000000987

Please find the attached articles of dissolution for the above ₹ Company. If there are questions, please contact me at (727) ∞ 945-8400, ext. 110.

Sincerely

Courtney Browning, CEC

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is Qua	ality Health Plans of Florida, LLC			
2. The effective date of the limited liability company	's dissolution is June 30, 2002			
3. A description of the occurrence that resulted in th 0section 608.441, Florida Statutes, (copy of 608.44				
Written consent of all members				
- CVIECU ONE	7. S. O.			
4. CHECK ONE:All debts, obligations and liabilities of the limited -OR-	liability company have been paid or discharged.			
Adequate provision has been made for the debts,	obligations and liabilities pursuant to \$5.608.442			
All remaining property and assets have been distri- respective rights and interests.	ibuted among its members in accordance with their			
6. CHECK ONE: There are no suits pending against the company in any court.				
Adequate provision has been made for the satisfact be entered against it in any pending suit.	ction of any judgment, order or decree, which may			
Signatures of the members having the same percenta dissolution:	ge of membership interests necessary to approve the			
Signature	Typed or Printed name			
Many amos	rain M. Nawaz, MD			
Ma/Ed	Courtney A. Browning			
400	 			
	-			

Filing Fee: \$25.00