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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

10 NOV 19 AM 10:58

LLC DISSOLUTION OR WITHDRAWAL
CARESERVICES OF MIAMI-DADE, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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K. SALY
EXAMINER
NOV 22 2010

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANYFILED
NOV 19 2010
CLERK OF CIRCUIT COURT
MIAMI-DADE COUNTY, FLORIDA

1. The name of a limited liability company is
CareServices of Miami-Dade, LLC

2. The Articles of Organization were filed on October 10, 2002 and assigned document number
LO2000026786

3. The date the dissolution was approved: November 18, 2010

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

5. 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.

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

7. 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

Printed Name

Mobile Medical Industries, Inc.Mobile Medical Industries, Inc.By: Maxine HochhauserMaxine Hochhauser

FILING FEE: \$25.00