Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : CARLTON FIELDS Account Number : 076077000355 Phone : (813)223-7000 Fax Number : (813)229-4133

LIMITED LIABILITY DISSOLUTION

BEACON HEALTHCARE SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

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Corporate Filing.

Rublic Access Help

FEB 2'8 2005

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ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	
Веасол Healthcare Services, LLC	OFF.
2. The date the dissolution was approved: February 1	<u>L 2005</u>
3. A description of the occurrence that resulted in the section 608.441, Florida Statutes, (copy of 608.44	
All of the members of the limited liability company have co	onsented in writing to the dissolution.
 4. CHECK ONE: All debts, obligations and liabilities of the limited -OR- Adequate provision has been made for the debts, or 	
All remaining property and assets have been distri- respective rights and interests.	buted among its members in accordance with their
 6. CHECK ONE: 7 There are no suits pending against the company in -OR- 	any court.
Adequate provision has been made for the satisfac be entered against it in any pending suit.	tion of any judgment, order or decree which may
Signatures of the members having the same percent the dissolution:	age of membership interests necessary to approve
Signature 78/	Typed or Printed name
× XIIII	Dary 1 B. Williams
x Jacob	Paul R. Hughes
	•

Filing Fee: \$25.00