

**MIAMI CARE, INC.**

313 - 317 MINORCA ♦ CORAL GABLES, FLORIDA 33134  
Phone (305) 445-5899 ♦ Fax (305) 445-3340

**L51121**

January 6, 1999

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Dissolution of Florida Profit Corporation

500003093415--7  
-01/10/99--01101--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Dear Sir or Madam:

Enclosed please find Articles of Dissolution of Florida profit corporation as well as a money order in the amount of \$35.00 as your filing fee.

Thank you.

Sincerely,

*Pedro A. Perez*  
PEDRO A. PEREZ

PAP/sbp  
Enclosures

*Salima Perez* GAVE

AUTHORIZATION BY PHONE TO

CORRECT

DATE

DOC. EXAM

*2nd Amend authorization*  
*date*  
*1-20-2000*  
*Al hesrut*

**FILED**  
00 JAN 10 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*1-20  
not done  
ad*

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Miami Care, Inc.

SECOND: The date dissolution was authorized: January 5, 2000

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signed this 30th day of December, 1999

Signature

Pedro A. Perez  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Pedro A. Perez  
(Typed or printed name)

President  
(Title)

FILED  
00 JAN 10 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA