

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : PCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

**DISSOLUTION OR WITHDRAWAL
 HOSPITAL HEALTH SYSTEMS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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T. ROBERTS

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4/16/2012

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 as currently filed with the Florida Department of State:

Hospital Health Systems, Inc.

SECOND: The document number of the corporation (if known): M25982

THIRD: The date dissolution was authorized: October 6, 2011

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

FOURTH: 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 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)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

John P. Whittington

(Typed or printed name of person signing)

Vice President and Secretary

(Title of person signing)

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