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To:

Division of Corporations

Fax Number : (850) 617-6380

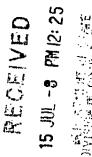
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842



: (850)878-5368



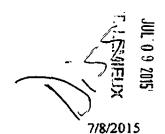
## DISSOLUTION OR WITHDRAWAL CEDARCARE, INC.

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: Cedarcare, Inc.				
DOCUMENT NUMBER: M54324				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concernit	ng this matter to the following:			
Ceci Estill				
(Name of	Contact Person)			
Cedarcare, Inc.				
(Firm/Company)				
One Park Plaza - Legal Dept.				
(Address)				
Nashville, TN 37203				
(City/St	ate and Zip Code)			
For further information concerning this ma	atter, please call:			
Ceci Estill	at ( <sup>615</sup> ) 344-2994			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amo	unt:			
② \$35 Fiting Fee ☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)			
MAILING ADDRESS; Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## 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:				
SECOND:	Cedarcare, Inc.  The document number of the corporation (if k	nown): M54324			
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable:	07-08-20(5 (no more than 90 days after dissolution file date	<del>z</del> )		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the sharehold was sufficient for approval.	iers. The number of votes cast for dis	ssolution		
	☐ Dissolution was approved by the sharehold	ders 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 Broup)		15		
	Signature: Matalu X (Line	· · · · · · · · · · · · · · · · · · ·	JUL-8 AM		
	(By a director, prefidely of other officer - if director an incorporator - if in the hands of a receiver, truste that fiduciary)		SIATE OF THE STATE		
	Natalie H. Cline				
	(Typed or printed name of person sig	ning)			
	Vice President and Secretary				
	(Title of person signing)				

Filing Fee: \$35