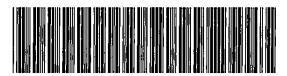
M60654

,		
• (Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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FILED 07 APR -5 PM 1: 26 SECRETARY OF STATE TALLAHASSEE FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF FLAMINGO PARK MEDICAL CONTER
DOCUMENT NUMBER: M60654
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIA JORGE
(Name of Contact Person)
FLAMINGO PARK MEDICAL CENTER
(Firm/Company)
4410 W. 16 AVE # 26
(Address)
HIALEAH FL 33012
(City/State and Zip Code)
For further information concerning this matter, please call:
MARIA JORGE at (305) 725 - 273 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) 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:		
	FLAMINGO PARK MEDICAL CENTER CORPORATION		
SECOND:	. , , , , , , , , , , , , , , , , , , ,		
THIRD:	The date dissolution was authorized: December 15, 2006		
	Effective date of dissolution <u>if applicable:</u> (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 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) TACLCRE		
	Signature: None Signature:		
	(By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)		
	MARIA JORGE		
	(Typed or printed name of person signing)		
	PRESIDENT/DIRECTOR		
	(Title of person signing)		

Filing Fee: \$35