

N 04587

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Courthouse Box 113 (SLC)

January 24, 2002

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-6327

600004830446--7
-01/28/02--01048--016
*****78.75 *****78.75

600004830446--7
-01/28/02--01048--016
*****78.75 *****43.75

RE: Dissolution of ALPHA HEALTH SERVICES, INC.

Gentlemen:

Enclosed herewith please find the original Articles of Dissolution for the aforementioned corporation. In addition you will find this firm's check in the amount of \$78.75 which represents filing fee for the same as well as fee for certified copy to be returned.

After the same have been filed, please furnish the Certified Copy of the Articles of Dissolution to the undersigned.

Thank you for your attention to this matter.

Very truly yours,



Robert J. Gorman

RJG/cat

Enclosures

FILED
02 JAN 28 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**Articles of Dissolution
of
ALPHA HEALTH SERVICES, INC.**

FILED
02 JAN 28 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALPHA HEALTH SERVICES, INC., a Florida not for profit corporation, having resolved by the action of its Board of Directors to cease operation and business and wind up its affairs by resolution dated February 14, 2000, hereby further states:

1. The name of the Corporation is ALPHA HEALTH SERVICES, INC.
2. The Board of Directors of such not for profit corporation without members adopted a resolution for the cessation of business of said corporation and a liquidation and winding up of it's affairs and dissolution thereof by resolution dated February, 14, 2000.
3. These Articles of Dissolution shall be effective immediately upon filing.

IN WITNESS WHEREOF the undersigned has set his hand and seal this 5th day of October, 2001.


SANDRA B. KNIGHT, Chairperson/President

STATE OF FLORIDA
COUNTY OF ST. LUCIE

BEFORE ME, the undersigned authority, personally appeared SANDRA B. KNIGHT, Chairperson/President of ALPHA HEALTH SERVICES, INC., who is ☒ personally known to me or has ☐ produced a _____ Driver's license as identification.

WITNESS my hand and official seal, in the County and State last aforesaid this 5th day of October, 2001.

My Commission Expires




Notary Public