

STEEL HECTOR & DAVIS LLP

Requestor's Name

215 SOUTH MONROE STREET/SUITE 601

Address

TALLAHASSEE

City/State/Zip

222-2300

Phone #

N18228

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. FOUNDATION HEALTHCORP, INC. N18228  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
XX <input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

300002932099--2  
-07/15/99--01043--004  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

C. COULLETTE JUL 15 1999

PLEASE CONTACT ELIZABETH  
REGARDING ANY QUESTIONS -  
222-2300. THANK YOU.

Examiner's Initials

CR28031(1/95)

RECEIVED  
99 JUL 15 AM 10:52

**ARTICLES OF DISSOLUTION  
OF  
FOUNDATION HEALTHCORP, INC.**

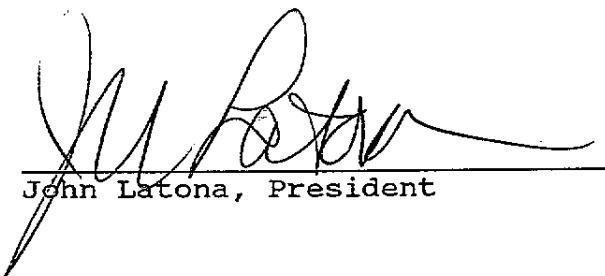
99 JUL 15 AM 11:42  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 617.1403 of the Florida Not For Profit Corporation Act, FOUNDATION HEALTHCORP, INC., a Florida not for profit corporation (the "Corporation"), hereby adopts the following Articles of Dissolution and certifies the following information for the purpose of dissolving the Corporation:

1. The name of the Corporation is:

FOUNDATION HEALTHCORP, INC.

2. The resolution to dissolve the Corporation was adopted at a special meeting of the Members held on October 9, 1998, in accordance with Section 617.0701 of the Florida Statutes. The number of votes cast for the dissolution was sufficient for approval.

  
\_\_\_\_\_  
John Latona, President

## FOUNDATION HEALTHCORP, INC.

### Plan of Distribution of Assets

The undersigned, John Latona, President of FOUNDATION HEALTHCORP, INC. (the "Corporation"), hereby certifies as follows:

1. The following Plan of Distribution of Assets was recommended to the Members by the Board of Directors of the Corporation and was adopted by the Members of the Corporation at a special meeting held on October 9, 1998:

#### Plan of Distribution of Assets

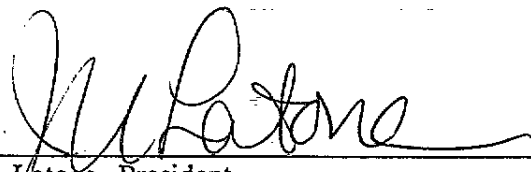
I. Foundation Healthcorp, Inc. (the "Corporation") shall pay and discharge all of its liabilities and obligations, or make adequate provisions therefor.

II. All assets, if any, which are held by the Corporation upon condition requiring return, transfer, or conveyance, and which condition occurs by reason of the dissolution of the Corporation, shall be returned, transferred or conveyed in accordance with such requirements.

III. All other assets of the Corporation, including without limitation its rights as the sole shareholder of Foundation Medical Office Management, Inc., shall be distributed to the North Broward Hospital District, a special tax district of the State of Florida that is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

2. The Corporation has complied with the requirements of subsection (1) of Section 617.1406 of the Florida Not For Profit Corporation Act.

DATED: October 9, 1998

  
\_\_\_\_\_  
John Latona, President  
Foundation Healthcorp, Inc.