

P00000028927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Mario Izcalqui GAVE
AUTHORIZATION BY PHONE TO
CORRECT adoption date
DATE _____
DOC. EXAM _____



900009708319

01/02/03--01023--010 **35.00

FILED
03 JAN -2 PM 3:29
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Diss
1/2/03

A+ CARE INSURANCE & ASSOCIATES, CORP

Phone: (813) 657-2336
Fax: (813) 661-4353

12 / 30 / 02

Find enclosed articles of dissolution for A + CARE INSURANCE & ASSOCIATES, CORP P0000028927 ON
METING OF DECEMBER 23rd. 2,002

If you have any question please contact me at the above phone numbers.

Sincerely,



Marco A. Uzcategui

PRESIDENT

P 0000 0028 929

ARTICLES OF DISSOLUTION

FILED

03 JAN -2 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: A+Care Insurance & Associates, Corp.

SECOND: The date dissolution was authorized: 12/23/02

THIRD: 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 vote 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)
Signed this 23rd day of December, 2002

Signature 
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Harro A. Mzategui
(Typed or printed name)

President.
(Title)