

PU 000005 1520

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000260104 3)))



H090002601043ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

EFFECTIVE DATE
12/31/09

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

2009 DEC 17 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DISSOLUTION OR WITHDRAWAL
POLK HMA, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$43.75

RECEIVED
2009 DEC 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D.S.S.
[Signature]

Electronic Filing Menu

Corporate Filing Menu

Help

12/17/09

ARTICLES OF DISSOLUTION

EFFECTIVE DATE
12-31-09

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:
Polk HMA, Inc.

SECOND: The document number of the corporation (if known): P00000051520

THIRD: The date dissolution was authorized: December 1, 2009

Effective date of dissolution if applicable: December 31, 2009
(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 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)

Signature: 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Timothy R. Parry
(Typed or printed name of person signing)

Senior VP & Secretary
(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC 17 PM 2:56

FILED