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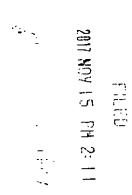
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C. GOLDEN NOV 1 6 2017

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: LORPORA	TE Dis.	COLUTION
DOCUMENT NUMBER: Poo		
The enclosed Articles of Dissolution and	fee are submitted f	or filing.
Please return all correspondence concerning	ng this matter to the	e following:
GREGORY (Name of	A. Eu	۔ اے
PARTHENON HEALTHCARE, INC.		
PARTHENON H	EALTHEAR	ZE, INC.
(Fir	m/Company)	
909 GAZDE	NEATE .	LIRCLE
(A	Address)	
Palsacona, F	LORIDA	32504
PalsAcolA, F	ate and Zip Code)	
For further information concerning this ma	ntter, please call:	
GREGORY A. ELLIS	at (8	50. 293.7068
(Name of Contact Person)	(Area	Code) (Daytime Telephone Number)
Enclosed is a check for the following amor	unt:	
■ \$35 Filing Fee S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Certified Copy (Additional copenclosed)	
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:
	PARTHERON HEALTHCARE, 176.
SECOND:	The document number of the corporation (if known): P000000 14448
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: 12/1/17 (no more than 90 days after dissolution file date)
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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)
	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)
	GREGORT A. ELLIS
	(Typed or printed name of person signing)
	LORPORITE SECRETARY

(Title of person signing)