

PO1000024005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

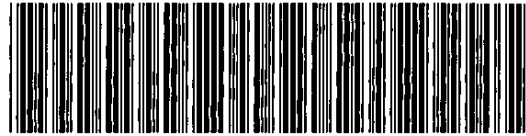
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100107357501

08/08/07--01016--001 **35.00

FILED

07 AUG - 8 AM 9:03

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

15715-S. Dixie Hwy Suite 227
Palm Beach, FL 33415-7001
FLD 155
8-8-07

COORDINATED CARE MANAGEMENT SOLUTIONS INC

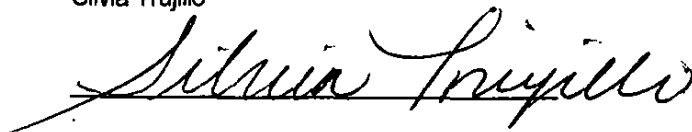
MARCH, 31 2006

Silvia Trujillo

Dear Sir or Madam:

I, Silvia Trujillo, being the sole owner of Coordinated Care Management Solutions Inc. by the use of this instrument do hereby consider this company no longer in business, and therefore consenting to the total dissolution of said company.

Silvia Trujillo

A handwritten signature in cursive script, reading "Silvia Trujillo", written over a horizontal line.

Date: 3-31-06

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

Coordinated Care Management
Solutions Inc. P 01000024005

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

01000024005

THIRD: The file date of the articles of incorporation:

3-31-6

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature:

Silvia Trujillo

(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.)

Silvia Trujillo

(Typed or printed name of person signing)

President

(Title of Person Signing)

FILED
07 AUG -8 AM 9:03
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Filing Fee: \$35