## P01000084329

PROVIDER MANAGED CARE CONSULTANTS
C/O Geraldine P. Morris
3363 NW 37<sup>TH</sup> Street
Lauderdale Lakes, FL 33309

ONE OF THE OF SORTION.

May 10, 2002

Florida Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

100005538001--7 -05/15/02--01063--006 \*\*\*\*\*43.75 \*\*\*\*\*\*43.75

Re: Provider Managed Care Consultants, Inc.

**Dissolution** 

Dear Sir or Madam:

This letter serves as notice that we would like to dissolve the above named corporation, effective April 30, 2002.

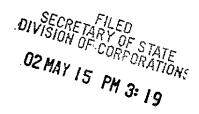
Enclosed is my check in the amount of \$43.75 to cover the cancellation fee and a certified copy of the dissolution.

If you have any questions, call me at 954-484-0234. Thank you.

Very truly yours,

Geraldine P. Morris

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## ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: ROUIDER MANAGED
CARE CONSULTANTS, INC.	
SECOND:	The filing date of the articles of incorporation was: 8/24/2001
THIRD: (CHECK ONE)	
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FOURTH:	No debt of the corporation remains unpaid.
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SIXTH:	Adoption of Dissolution (CHECK ONE)
	☐ A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.	
Signed this <u>30 <sup>n</sup></u> day of <u>APRIL</u> , <u>2003</u> .	
Signature  (By the chairman or vice chairman of the board president, or other officer - if there are no officers or directors, by an incorporator.)	
	CHERALDINE P. MORRIS (Typed or printed name)
	PRESIDENT (Title)