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(Requestor's Name)				
(Address)				
(Address)				
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(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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CARE CENTERS MANAGEMENT GROUP, INC.

2020 Northpark, Suite 2F · Johnson City, TN 37604-3127 · Ph. 423-975-5455 · Fax 423-975-5405

September 29, 2003

1. 1. 1.

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



Re: Care Centers of Miami, Inc.

Please note the enclosed articles of dissolution and action of shareholders relative to Care Centers of Miami, Inc.

Care Centers of Miami, Inc. wishes to cease operation of the corporation and have therefore, enclosed the necessary documents and fees to accomplish such transaction.

If you should have any questions regarding this matter, please let me know.

Sincerely,

si M. Cawood

Lisa M. Cawood Risks Manager

enclosure

ARTICLES OF DECC.

The name of the corporation is: _____ Care Centers of Miami, Inc. FIRST:

09/17/2003 SECOND: The date dissolution was authorized:____

THIRD: Adoption of Dissolution (CHECK ONE)

1. 3

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	17th day of September	2003
		<u>.</u>
gnature	the Chairman & Vice Chairman of the Board, Presid	ant on others officers
(6)	the Chantman of Vice Chantman of the Board, Fresid	ent, or other officer)
	J.R. Lewis	
	(Typed or printed name)	
	President	
	(Title)	

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