

PD20000048178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

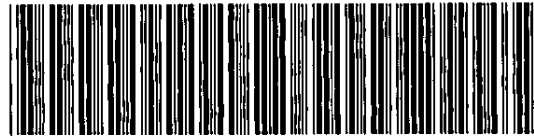
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000249603790

RECEIVED
DEPARTMENT OF STATE
13 AUG - 7 PM 4:18

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 AUG -7 PM 4:31

Ant D | 25
10 8 | 8/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 755802 7806023

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$35.00

ORDER DATE : August 7, 2013

ORDER TIME : 3:12 PM

ORDER NO. : 755802-005

CUSTOMER NO: 7806023

DOMESTIC FILINGS

NAME: ALLIANCE CARE, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS:

[Handwritten initials "La" inside a circle]

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:
Alliance Care, Inc.

SECOND: The document number of the corporation (if known): P02000048178

THIRD: The date dissolution was authorized: August 7, 2013

Effective date of dissolution if applicable:
(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 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.)

Maxine Hochhauser

(Typed or printed name of person signing)

CEO

(Title of person signing)

Filing Fee: \$35

FILED
IN DEPARTMENT OF STATE
OFFICE OF CORPORATE SERVICES
13 AUG -7 PM 4:31