

PO 7000101095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

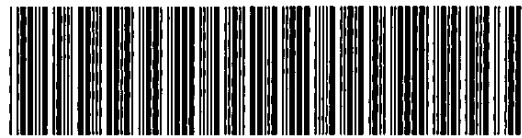
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900113202329

12/19/07--01024--025 \*\*49.75

RECEIVED DATE  
12-31-07

D.S.S

28

2007 DEC 19 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12-20-2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Synergy Health Network, Inc.

**DOCUMENT NUMBER:** P02000101095

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Midili

(Name of Contact Person)

Synergy Health Network, Inc.

(Firm/Company)

5440 Mariner St., Suite 112

(Address)

Tampa, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Midili

(Name of Contact Person)

at ( 813 ) 201-0721 ext. 2168

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☒ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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

EFFECTIVE DATE  
12/31/07

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:

Synergy Health Network, Inc.

SECOND: The document number of the corporation (if known): P02000101095

THIRD: The date dissolution was authorized: 12/1/2007

Effective date of dissolution if applicable: 12/31/2007  
(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)

John D. Hanselman

(Typed or printed name of person signing)

CFO

(Title of person signing)

FILED  
2007 DEC 19 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35