P02000122122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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EFFECTIVE DATE
4-15-06

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VB

T Roberts APR 20 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Atlantic Healthcare Solutions, Inc.

DOCUMENT NUMBER: P02000122122

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

Please return all correspondence concerning this matter to the following:

Amy H. Rubin
(Name of Contact Person)

Atlantic Healthcare Solutions, Inc.
(Firm/Company)

111 West Hampton Way
(Address)

Columbia SC 29229
(City/State and Zip Code)

For further information concerning this matter, please call:

Amy H. Rubin at (954) 232-0112
(Name of Contact Person) (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

EFFECTIVE DATE
4-15-06

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:

Atlantic Healthcare Solutions, Inc.

SECOND: The document number of the corporation (if known): P02000122122

THIRD: The date dissolution was authorized: 4/01/2006

Effective date of dissolution if applicable: 4/15/2006
(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 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)

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TALLAHASSEE, FLORIDA

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)

Amy H. Rubin
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: $35