

Division of Corporations

3/30/2012 11:00 AM FROM: Fax Res. Company CPA TO: 11506176380 PAGE: 001 OF 002

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Florida Department of State
Division of Corporations
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To:

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From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305) 229-8256
Fax Number : (305) 229-8252

**DISSOLUTION OR WITHDRAWAL
FAMILY CARE MEDICAL CENTER II, INC.**

Certificate of Status	0
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Estimated Charge	\$43.75

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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:
FAMILY CARE MEDICAL CENTER II, INC.

SECOND: The document number of the corporation (if known): P03000021830

THIRD: The date dissolution was authorized: 03/30/2012
Effective date of dissolution if applicable: 03/30/2012
(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)

NORA ROBLES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS