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(((H04000063974 3)))

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Division of Corporations

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: (850)205-0380

From:

Account Name Account Number : 120040000008

: XIOMARA LEE, P.A.

Phone

: (305)262-2323

Fax Number

: {305}262-2324

DISSOLUTION

HEALTH CARE TRANSPORTATION, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

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XIOMARA LEE, P.A.

((H040000639743))

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 Department of	f State:	
	HEALTH CARE TRANSPORTATION, INC.	<u> </u>	
SECOND:	The document number of the corporation (if known): P03000097808		
THIRD:	The date dissolution was authorized: March 23, 2004		
	Effective date of dissolution if applicable: March 23, 2004 (no more than 90 days after disso	lution 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 g	гоирѕ.	
	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)	<u> </u>	
	Signed this 23rd day of March 2004	- CRE AN	
Signat	aure: Lalmot	25 PM 25 PM 1ARY OF	
	(By a director, president or other officer - if directors or officers have not been selected, by if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary	y an i neorporator - STATE STA	
	YOANKIS MUNOZ	. <u>.</u>	
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35

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