

Florida Department of State

Division of Corporations Public Access System FAX 5/18/06

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To:

Division of Corporations

Fax Number

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From:

Account Name : FEES MANAGEMENT CORP.

Account Number: 120060000032
Phone: (786)293-2484
Fax Number: (305)643-4774

FILED

06 MAY 31 AM 10: 10

SECRETARY OF STATE
FALLAHASSEE, FI DATE

DISSOLUTION OR WITHDRAWAL

PAHOKEE FAMILY MEDICAL CENTER, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

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P03000112358

5/18/2006



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:	
	PAHOKEE Family MEDICAL CENTER	
SECOND:	The document number of the corporation (if known): Po3000112358	_
THIRD:	The date dissolution was authorized: 02/28/06	_
	Effective date of dissolution if applicable: 02/28/06 (no more than 90 days after dissolution file date)	_
FOURTH:	Adoption of Dissolution (CHECK ONE)	Park of Access
	Dissolution was approved by the shareholders. The number of votes cast for dissoluti was sufficient for approval.	on growing s
	Dissolution was approved by the shareholders through voting groups.	Carlo Carlo Carlo
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:	Toolstoner, a
	The number of votes cast for dissolution was sufficient for approval by (voting group) (voting group) (voting group)	
	(voting group)	, ,
	(voting group) (voting group) (voting group)	D
	1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	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)	
	X Delgado	
	(Typed or printed name of person Signing)	
	President	
	(Title of person signing)	

Filing Fee: \$35