

PO3000117178

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000148359 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

RECEIVED
05 JUN 15 AM 8:00
DIVISION OF CORPORATIONS

DISSOLUTION

CORAL WAY PROFESSIONAL HEALTH SERVICE, INC.

FILED
05 JUN 15 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Manual

Corporate Filing

Public Access Help

Amen

(((H05000148359)))

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:
CORAL WAY PROFESSIONAL HEALTH SERVICE, INC.

SECOND: The document number of the corporation (if known): **P03000117178**

THIRD: The date dissolution was authorized: **JUNE 14, 2005**

Effective date of dissolution if applicable: _____
(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)

Signed this **14TH** day of **JUNE**, **2005**

Signature: *Jorge L. Ocejó*
(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)

JORGE L. OCEJO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

FILED
05 JUN 15 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA