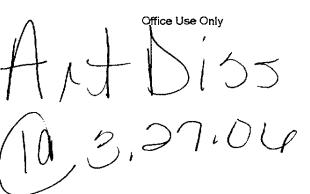
## P03000143865

(Requestor's Name)
(Address)
/Addison
(Address)
(City/State/Zip/Phone #)
(Ony Suita Zipi: Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600068053986

08/20/06--01969--004 \*\*95,00



## **COVER LETTER**

TO: Amendment Section

Division of Corporations Promise Healthcare Management SPV I, Inc. SUBJECT: P03000143865 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William M. Vazquez (Name of Contact Person) Promise Healthcare, Inc. (Firm/Company) 1001 Yamato Road Suite 300 (Address) Boca Raton, FL 33431 (City/State and Zip Code) For further information concerning this matter, please call: William M. Vazquez (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: \$\bigsis \\$35 \text{ Filing Fee } \Bigsis \\$43.75 \text{ Filing Fee & } \Bigsis \\$52.50 \text{ Filing Fee,} Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIKST:	Promise Healthcare Management SPV I, Inc.
SECOND:	The document number of the corporation (if known): P03000143865
THIRD:	The date dissolution was authorized:January 1, 2006
	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
	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)
	Lawrence Leder
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)

Filing Fee: \$35