PO4000044597

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

Office Use Only



200121674982



04/04/08--01031--015 ++35.00



polo8

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: CORP. DISSOLUTION, HEALTHARE MANKGENENT ENGINEERING INC
DOCUMENT NUMBER: 10400044597
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Firm/Company)
• • • •
(Address)
FORT MYERS, FZ 339,25
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (239) 334-3146 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee. Certificate of Status & Certified Copy Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following article n:
FIRST:	The name of the corporation as currently filed with the Florida Department EFS Late ORID. WEALTH CHEE MANNEY FULL FULL NEER (NG T NC.)
	HEALTH CARE MANAGEMENT ENGINEERING INC. The document number of the corporation (if known): PO 4 0000 84597
SECOND:	The document number of the corporation (if known): 10 + 0000 (1759)
THIRD:	The date dissolution was authorized: 4/1/08
	Effective date of dissolution if applicable: 4 (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)
ï	Signature: Shared & Ja Coruse (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)
	EDWARD D. LACOURSE
	(Typed or printed name of person signing)
	(Title of person signing)
	(Time or berom signing)

Filing Fee: \$35