

P05000047654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

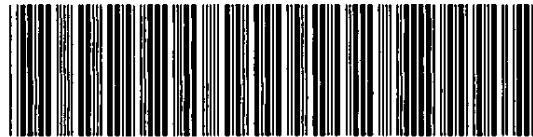
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300133442023

07/28/08--01053--021 \*\*210.00

FILED  
08 JUL 28 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Volcan. Dis.  
w/ Notice  
8/6/08  
Dr

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sunshine medical center of Palm  
Beech, Inc.

**DOCUMENT NUMBER:** 05000047654

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William / Joe Hannah Louisiana  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)  
2592 Treanor Terrace  
(Address)

Wellington FL 33414  
(City/State and Zip Code)

For further information concerning this matter, please call:

William / Joe Hannah Louisiana at 561 333-6222  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (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

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:  
Sunshine Medical Center of Palm Beach, Inc.

SECOND: The document number of the corporation (if known): PO5088047654

THIRD: The date dissolution was authorized: Tues. July 22, 2008

Effective date of dissolution if applicable: Tues. July 22, 2008  
(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

William Louisma  
(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)

William Louisma

(Typed or printed name of person signing)

President

(Title of person signing)

FILED  
08 JUL 28 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Sunshine Medical Center of Palm Beach, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

---

---

---

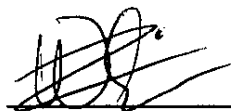
---

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

William / Joe Hannah Lauisma  
2592 Treanor Terrace  
Wellington Fl. 33414

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

William Lauisma  
Printed Name of the Person Filing

  
Signature of the Person Filing