

FROM: LAZARUS
Division of Corporations

FAX ID: 3052201440

Jan 28, 2008 9:59:27 PM

PO5000083993

Florida Department of State
Division of Corporations
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DISSOLUTION OR WITHDRAWAL

FLORIDA CARE CENTER CORP.

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Florida Dept of State



January 28, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLORIDA CARE CENTER CORP.
183 WEST FLAGLER ST.
SUITE 2
MIAMI, FL 33135

SUBJECT: FLORIDA CARE CENTER CORP.
REF: P05000083993

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and retransmit the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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Teresa Brown
Regulatory Specialist II

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RECEIVED
2008 JAN 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM : LAZARUS

FAX NO. : 3052201440

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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:

FLORIDA CARE CENTER CORP.

SECOND: The document number of the corporation (if known): P05000083993

THIRD: The date dissolution was authorized: 01-28-08

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 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)

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)

Gonzalo Rodriguez

(Typed or printed name of person signing)

Presidente

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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