

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

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

FILED

Pursuant to of dissoluti	
FIRST:	TALLAHASSEE, FLORIDA  The name of the corporation as currently filed with the Florida Department of State:  America Leollicare Goup Inc.
SECOND:	The document number of the corporation (if known): P05000110524
THIRD:	The date dissolution was authorized: $\frac{72/31/06}{1}$
	Effective date of dissolution if applicable: 12/31/06  (no more than 9 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
	Averalo Torres America Healthcare 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)
	Marub Torres (Typed or printed name of person signing)
	(Typed or printed name of person signing)  (Title of person signing)

Filing Fee: \$35