P05000131115

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TRANSMITTAL LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

Division of Corporations SUBJECT: Articles of Dissolution - Crestview Medical Clinic, Inc. **DOCUMENT NUMBER:** P05000131115 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robin J. Keck (Name of Person) Community Health Systems (Name of Firm/Company) 7100 Commerce Way, Suite 100 (Address) Brentwood, TN 37027 (City/State/and Zip Code) For further information concerning this matter, please call: Robin Keck (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS:

Amendment Section

409 E. Gaines Street

Division of Corporations

Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with Department of State:	
_	Crestview Medical Clinic, Inc.	
SECOND:	The document number of the corporation (if known): P05000131115	
THIRD:	The file date of the articles of incorporation was: September 23, 2005	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	☑ The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	7
	A majority of the incorporators authorized the dissolution.	1
	\square A majority of the directors authorized the dissolution.	
-	Signed this 23 day of January , 2006 .	
Signatu	(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.)	
	Robin J. Keck (Typed or printed name of person signing)	-
	Sole Incorporator	
	(Title of person signing)	

Filing Fee: \$35