(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(0)	(O) - 1- (D)	- 40
(Cn	y/State/Zip/Phone	∍ #)
PICK-UP	WAIT	MAIL
•		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		j

Office Use Only



500081078285

10/30/06--01012--011 \*\*35.00

FILED 2006 OCT 30 AM II: 29

10/3/100

## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

**Division of Corporations** SUBJECT: TRUE HEALTHSOURCE, INC. DOCUMENT NUMBER: P06000011998 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MORTENSON, TODD E (Name of Contact Person) (Firm/Company) 14863 HAWKSMOOR RUN CIR. (Address) ORLANDO FL 32828 US (City/State and Zip Code) For further information concerning this matter, please call: MORTENSON, TODD E (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee States Filing Fee & States Filing Fee & States Filing Fee & States Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

of dissoluti	ion: 2006 OCT 30 AM 11: 29
FIRST:	SECRETARY OF STATE The name of the corporation as currently filed with the Florida Depth Settle.
	TRUE HEALTHSOURCE, INC.
SECOND:	The document number of the corporation (if known): P06000011998
THIRD:	The date dissolution was authorized: 10/13/2006
	Effective date of dissolution if applicable: 10/13/2006  (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)
	MORTENSON, TODD E
·	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35