

Division of Corporations Public Access System

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(((H080001681073)))



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Division of Corporations

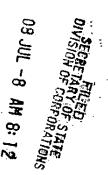
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## DISSOLUTION OR WITHDRAWAL

ASTRA MEDICAL CENTER, INC.

Certificate of Status	0
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FROM LAZARUS 850-617-6381

FRX ND. :3052201440 7/8/2008 3:29 PAGE 001/001 Jul. 08 2008 04:00PM P2 Florida Dept of State



July 8, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ASTRA MEDICAL CENTER, INC. 8380 SW 8 ST MIAMI, FL 33144

Manual, En 33144

SUBJECT: ASTRA MEDICAL CENTER, INC.

REF: P06000106119

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

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Trene Albritton
Regulatory Specialist II

Letter Number: 108A00040282

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SECRETARY OF STATE
FALLAHASSEE. FLORIDA

FRON : LAZARUS

FAX NO. :3052201440

## H08000168107

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation aubmits the following articles of dissolution:

IRST:	The name of the corporation as currently filed with the Florida Department of State:		
	ASTRA MEDICAL CENTER, INC.		
ECOND:	The document number of the corporation (if known): P06000106119		
TURD:	(D): The date dissolution was authorized: $\frac{7}{7}/08$		
	Effective date of dissolution if applicable; 7/7/08  (no more than 90 days after dissolution file date)		
OURTH	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		
		0 2	
	(voting group)	Tor 80	
		8-1 18-17-18	
ž	Signature: Zaulawa.	AN O.	
	(By a director, prosident of unbeyofficer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, tuntee, or other court appointed fiduciary, by that fiduciary)	ATE	
	EWIER SANTAVA SIAREZ. (Typed or printed name of person signing)		
,	(Typed or printed name of person signing)		
	(Title of person signing)	. '	
	frime or betoek #Bittell	•	

Filing Fee: \$35