

FROM : LAZARUS
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PO6000106119

Florida Department of State
Division of Corporations
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DISSOLUTION OR WITHDRAWAL

ASTRA MEDICAL CENTER, INC.

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Art Diss
@ 7/9/08

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FROM: LAZARUS
850-617-6381

FAX NO.: 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

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 refile 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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Irene Albritton
Regulatory Specialist II

Letter Number: 108A00040282

RECEIVED
2008 JUL -8 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: LAZARUS

FAX NO. : 3052201440

JUL 08 2008 04:00PM P3

H08000168107

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:

ASTRA MEDICAL CENTER, INC.

SECOND: The document number of the corporation (if known): P06000106119

THIRD: The date dissolution was authorized: 7/7/08

Effective date of dissolution if applicable: 7/7/08
(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)

ENIER SANTANA SAREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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