

P060000116213

Multicare Health Networks  
(Requestor's Name)

31 N. Krome Ave  
(Address)

(Address)

Homestead FL 32301  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

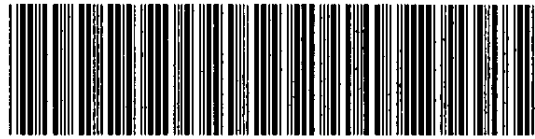
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/20/08--01036--018 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
08 AUG 12 PM 3:14

Diss.

38

8/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2008

MULTICARE HEALTH NETWORK  
31 N KROME AVE  
HOMESTEAD, FL 33030

SUBJECT: MULTICARE HEALTH NETWORK, INC.  
Ref. Number: P06000116213

We have received your document for MULTICARE HEALTH NETWORK, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 208A00038084

RECEIVED  
2008 AUG 12 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO: FLORIDA DEPARTMENT OF STATE  
- DIVISION OF CORPORATIONS.

FROM: Mr. Elias Monroy, President of: MULTICARE HEALTH NETWORK, INC

DATE: 6-16-2008

REFERENCE: Request for the dissolution / closing of the Corporation.

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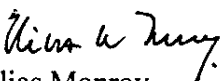
This is to officially request you to please close the above mentioned Corporation with Tax ID # 20-5624219 , effective 6-31-2008.

The Corporation, operating as a Health Care Clinic since 09-07-2006 has requested to the FL Department of Health and Agency For Health Care Administration, Department of License, to cancel their current licenses to enable the Corp. to continue legally performing Medical Services.

My request for the Dissolution of the Corporation, Physically operating at 31 N Krome Avenue, Homestead, FL, 33030, is the result of our financials difficulties to still operating.


I am sending you, together with my request a \$35 payment to you in order to process this request,

Sincerely,

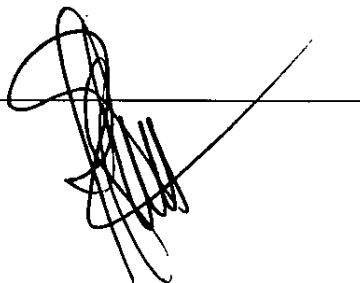
  
Elias Monroy

Notary



NOTARY PUBLIC-STATE OF FLORIDA  
 Charles S. Berrane  
Commission # DD531392  
Expires: MAY 04, 2010  
Bonded Thru Atlantic Bonding Co., Inc.

Witness





**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Multicare Health Network Inc.

**DOCUMENT NUMBER:** P06000116213

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elias Monroy

(Name of Contact Person)

Multicare Health Network Inc.

(Firm/Company)

31 N. Krome Avenue

(Address)

Homestead Fl. 33030

(City/State and Zip Code)

For further information concerning this matter, please call:

Elias Monroy

(Name of Contact Person)

at ( 786 ) 752-1821

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                          |                                                                        |                                                                                                     |                                                                                                                               |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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 the Florida Department of State:

MULTICARE Health Network, Inc.

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

THIRD: The file date of the articles of incorporation: 9-7-06

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)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
08 AUG 12 PM 3:14

Signature: Elias A. Monroy

(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.)

Elias Monroy.

(Typed or printed name of person signing)

PRESIDENT.

(Title of Person Signing)

**Filing Fee: \$35**