Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)63.7-6380

From:

Account Name

: WELLCARE HEALTH PLANS, INC.

Account Number : 120050000188

Phone

: (813)290-6226

Fax Number

: (813)290-6210

DISSOLUTION OR WITHDRAWAL

IARMONY BEHAVIORAL HEALTH OF FLORIDA, INC.

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

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8/5/2009

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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:				
	HARMONY BEHAVIORAL HEALTH OF FLORIDA, INC.				
SECOND:	The document number of the corporation (if known): P06000116631			-	
THIRD:	The date dissolution was authorized: August 4, 2009				
	Effective date of dissolution if applicable: (no more than 90 days after dissolution)	n lile date	:)		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	t for dis	solutío	m	
	Dissolution was approved by of the shareholders through voting groups.	,			
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled	!		
	The number of votes east for dissolution was sufficient for approval by	SECRE	2009 AUG	" "	
	(voling group)	TAR) ASSI	G -5	_	
		EF S	P	ור ר	
		ETARY OF STATE HASSEE, FLORID	င္မာ		
	Signature: X Man Na	© ™	80		
	(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, tenstee, or other court appointed fiduciary, by that Jiduciary)				
	KAREN W. MULROE				
	(Typed or printed name of person signing)				
	SECRETARY				
	(Title of person signing)				
(((H09000176	6560 3))) Filing Fee: \$35				