**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000158171 3)))



H150001581713ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

## DISSOLUTION OR WITHDRAWAL CHRIST MEDICAL CENTER INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 2 9 2014

C. CARROTHERS

## 2015 JUN 26 AM 9: 36

## ARTICLES OF DISSOLUTION

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following a on:	rticles
FIRS1;	The name of the corporation as currently filed with the Florida Department of State:  CHRIST MEDICAL CENTER INC	
SECOND:	The document number of the corporation (if known): POG 000 134 12	8
THIRD:	The date dissolution was authorized: 10/20/2006	3× 1.
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)	10 10 SC
FOURTH:	Adoption of Dissolution (CHECK ONE)	STATE
	Dissolution was approved by the shareholders. The number of votes cast for dissolwas sufficient for approval.	lution
·	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)	
	(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)	
	DAMARIS DIAZ	
	(Typed or printed name of person signing)	
. • •	(Title of person signing)	

Filing Fec: \$35