

207000053184

Florida Department of State
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.

(((H15000168932 3)))



H150001689323ABC2

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 JUL 10 AM 8:49

FILED

**DISSOLUTION OR WITHDRAWAL
FAMILY CARE CENTER OF NORTH MIAMI INC.**

RECEIVED
15 JUL 10 PM 4:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Electronic Filing Menu Corporate Filing Menu Help

JUL 13 2014

C. CARROTHERS

H15000168932

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:
Family Care Center of North Miami Inc

SECOND: The document number of the corporation (if known): P07000053184

THIRD: The date dissolution was authorized: 7-9-15


Effective date of dissolution if applicable: _____
(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)

Albania Hernandez
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

H15000168932

FILED
2015 JUL 10 AM 8:49
CLERK OF STATE
TALLAHASSEE FLORIDA