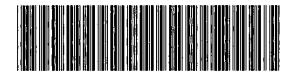
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolve Bright Healthcare Inc.
DOCUMENT NUMBER: P07000070385
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
THOMAS VARUGHESE (Name of Contact Person)
(Firm/Company)
26 ERNEST DR
(Address)
SCARSDALE. NY-10583
(City/State and Zip Code)
For further information concerning this matter, please call:
THOMAS VARUGHESE at (914) 830-4913 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status \$\sum \\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$\sum \\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

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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 BRIGHT HEALTH (ARE INC	te:
SECOND:	The document number of the corporation (if known): P070007038	5
THIRD:	The file date the articles of incorporation: JUNE, 18, 2007	13/2
FOURTH:	(CHECK AT LEAST ONE BOX)	THE WAY
	None of the corporation's shares have been issued.	SSEE, F
4	The corporation has not commenced business.	LORIO
FIFTH:	No debt of the corporation remains unpaid.	7
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.	
		٠.
Signa	(By a director, president of other officer - if directors or officers have not been selected, by an incorpora in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) THO MAS VARUGHESE (Typed or printed name of person signing) PRESIDENT (Title of Person Signing)	tor - if

Filing Fee: \$35