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SECRETARY OF STATE
TALLAHASSEE FINDER

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Dissolution of Corporation **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Hna C Vages
(Name of Contact Person) Health Care Consulting Golvhons TNC. (Firm/Company) Grand Canal De (Address) Mani, Florida 33144.
(City/State and Zip Code) For further information concerning this matter, please call: Mane of Contact Person) at (786) 370. 2136

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & \$\sum \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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:		
	#1 Health Care Consulhing Goluhi	no The.	
SECOND:	The document number of the corporation (if known): 107000	127228	
THIRD:	The file date of the articles of incorporation: Nov, 28-2007		
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 d to the shareholders, if shares were issued.	istributer AH.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	R II RARY ASSE	
	A majority of the incorporators authorized the dissolution.	PM OF SI	
	A majority of the directors authorized the dissolution.	PN 2: 42 F STATE FLORIDA	
Signa	ature: (By a director, president or other officer) if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) (Typed or printed name of person signing)	an incorporator - if	
	Director President		
	(Time of Person Signing)		

Filing Fee: \$35