Division of Corporations **Electronic Filing Cover Sheet**

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To:

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)220-1440

DISSOLUTION OR WITHDRAWAL UNIT HEALTH CARE SERVICE INC.

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

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H09000256046 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:
	UNIT HEAITH CARE SERVICE INC.
SECOND:	The document number of the corporation (if known): POYOOOO 7181
THIRD:	The date dissolution was authorized: 12/10/2005
	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
٠.	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes east for dissolution was sufficient for approval by
	980 3
	(voting group)
·	Signature: (By a director, president of ther officers it director officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by
	that fiduciary). (Day a 2 l and 12 cas
	(Typed or printed name of person signing)
•	Président.
	(Title of person signing)

Filing Fee: \$35

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