FAX NO. :3052201440

Oct. 10 2008 02:44PM P1 https://cric.sunuv.org/scripts/cnicov/.org



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.

(((H08000233760 3)))



H080002337603ABC\$

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:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

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

: (305)220-1440 Fax Number



DISSOLUTION OR WITHDRAWAL

UTH EAST MEDICAL CENTER OF MIAMI INC.

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

Electronic Filing Menu

Corporate Filing Mcnu

Help

10/10/2008 1:25 PM

H08000233760

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 Sta	te:	
	BOUTHEAST MEDICAL CENTER OF MIAMI INC.		
SECOND:	The document number of the corporation (if known): POSOCOGEZ 7	18	
THRD:	The date dissolution was authorized: 10 - 10 - 2008		٠
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file de	atc)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
•	Dissolution was approved by the shareholders. The number of votes cast for d was sufficient for approval.	issolution	l
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitle to vote separately on the plan to dissolve:	ed .	
	The number of votes cast for dissolution was sufficient for approval by	2008 SFE	
	(voting group)	SECRETARY	en sorii
	ζος γγ	0	
	FLORE	W 5.7.2	C
	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)	' '	
	Michel Pupo		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35

H08000233760