

P/xxxx 2/1982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

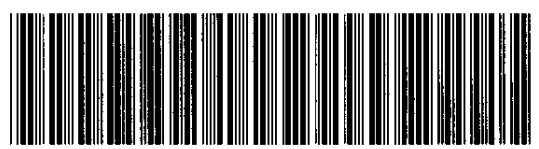
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL 27 AM 11:58

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COHEN. NORRIS. SCHERER WEINBERGER & WOLMER

ATTORNEYS AT LAW

July 23, 2010

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Department of State
Division of Corporations
P.O. Box 6327
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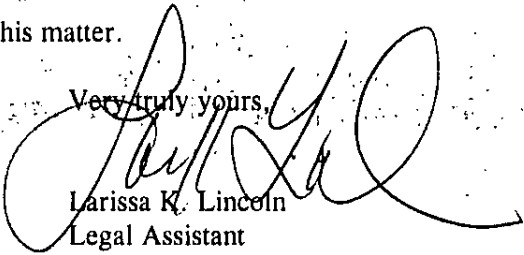
Re: **Dissolution of PALM BEACH HEALTH CARE CENTER CORP.**
Our File No. 32831.000

Dear Sir/Madam:

Enclosed please find the original and one (1) copy of the above referenced Articles of Dissolution together with a check in the amount of \$35.00 payable to the State of Florida for the filing fee.

Thank you for your assistance in this matter.

Very truly yours,


Larissa K. Lincoln
Legal Assistant

SecDissol.ltr
Enclosures

Cc: Michael (Doc) Bairey
Peter R. Ray, Esq.

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

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TELEPHONE: (561) 844-3600 • FACSIMILE: (561) 842-4104

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:

PALM BEACH HEALTH CARE CENTER CORP

SECOND: The document number of the corporation (if known): P10000021982

THIRD: The file date of the articles of incorporation: 3/11/2010

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 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.

Signature: Michael G. Bairey

(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.)

MICHAEL G. BAIREY

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA