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.

(((H13000192293 3)))



H130001922933ABC/

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:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

DISSOLUTION OR WITHDRAWAL

HEALTH EVOLUTION THERAPY CENTERS INC.

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

13 AUG 29 PH IM 03 M UNITARY OF SIAM

Electronic Filing Menu

Corporate Filing Menu

Help

DUNG: 8/30/13

## H13000192293

## 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;		
	Health Evolution Therapy Center	5 \V	NC	•
SECOND:	The document number of the corporation (if known): P10'000055	515		
THIRD:	The date dissolution was authorized: 08/28/13			
	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 was sufficient for approval.	for dissol	ution	
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled		
	The number of votes cast for dissolution was sufficient for approval by	<u>भ</u> िद्धाः .		
			<u>ာ</u> နာ	**************************************
	(votive shorts)	LA CAN	<b>\)</b>	G (S CERTAL CHECKERY
<b>≈</b> ,	Signature:	で で で で で で で で で で で で で で	T 1	
	(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)	· · ·		
	Sex 910 A Gril  (Type or printed name of person signing)			
	President	ä		
	(Title of person signing)			

Filing Fee: \$35