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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

## DISSOLUTION OR WITHDRAWAL SUNSHINE MEDICAL HEALTH SERVICES INC

Certificate of Status	0
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Page Count	02
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**Fielb** 

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles

FIRST:	The name of the corporation as currently 51-4		
	The name of the corporation as currently filed with the Florida Department of State	:	
SECOND:	The document number of the corporation (if knywn): \[ \int \text{P110600} \ 79(0)	\ 03	
THIRD:	The date dissolution was authorized: 4/17 23		
	Effective date of dissolution if applicable:	<del></del>	
FOLIDMA	(no more than 90 days after dissolution file date)	<del></del>	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for disse was sufficient for approval.	 Dution	
	Dissolution was approved by the	•	
	☐ Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:	<del>-</del> ω	
	The number of votes cast for dissolution was sufficient for approval by		
	(veting group)		
Sis	gnature: Ma Dettere?		
9.,	(By a director, president or other officer if directors and		
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by		
	Mabel Perez		
	(Typed or printed name of person signing)		
	(Title of person signing)		

Filing Fee: \$35