

10/2/13

P/2000015379

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850) 617-6380

Eff: 10-31-13

From:

Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (302) 531-0855  
Fax Number : (850) 656-7953

**DISSOLUTION OR WITHDRAWAL  
CONFIDENT CARE HEALTH PLAN, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

13 OCT 28 AM 9:16

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

13 OCT 28 PM 5:00  
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10-29-13  
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## 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:  
Confident Care Health Plan, Inc.

SECOND: The document number of the corporation (if known): P12000015379

THIRD: The date dissolution was authorized: October 15, 2013

Effective date of dissolution if applicable: October 31, 2013  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE) eff: 10-31-13

☒ 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.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

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)

Shirley R. Smith

(Typed or printed name of person signing)

Secretary

(Title of person signing)

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