Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H15000059708 3)))



H1**50000**597083ABC2:

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 : I200000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

DISSOLUTION OR WITHDRAWAL HEALTH AND PAIN MEDICAL CENTER INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

H15000059708

ARTICLES OF DISSOLUTION

FIR9T;	The name of the corporation as currently filed with the Florida Department of State: HEALTH AND PAIN MEDICAL CENTER TO The document number of the corporation (if known): P14000018202							
	MEA LTH	AND	AIN	11100	2	ENIE	/ :	// /U
SECOND:	The document n	umber of the	e corporation	(if known):	1400	000/82	07	
THIRD:	The date dissolu	ition was aut	thorized:	3-9	-15-			
	Effective date o			i		ys after dissolution	n file da	te)
FOURTH:	. Adoption of Dis	ssolution (Cl	HECK ONE)	i				
•	Dissolution was sufficie	was approve		reholders. Th	ne numbe	r of votes cas	st for d	issolu
	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:							
	-			·E.				
	The number of				nt for app	roval by		
	_				nt for app	roval by	15	
	_			was sufficie	nt for app	proval by	15 MAR	·
	_		r dissolution	was sufficie	nt for app	Proval by	15 MAR -9	in the second of
	_		r dissolution	was sufficie	nt for app	ACTION ACTIONS OF THE PROPERTY	MAR -9	Carryon of consec Consec Carryon
	The number of		r dissolution	was sufficie	nt for app	Froval by TAUTA HASSEF, FLOR	MAR	
	The number of	votes cast fo	r dissolution (voting group	was sufficie	ers have no	TAUT MEASSET, FLORRING, been selected, b	MAR -9 AM 10: 22	
	The number of	votes cast fo	r dissolution (voting group	was sufficie	ers have no	Toval by AREA AR	MAR -9 AM 10: 22	T
	Signature: (By a direct an incorport that fiducing)	votes cast fo	r dissolution (voting group r other officer - if	was sufficie	ers have no	TAUT MEASSET, FLORRING, been selected, b	MAR -9 AM 10: 22	
	Signature: (By a direct an incorport that fiducing)	votes cast fo	r dissolution (voting group r other officer - if	directors or officer, crustee, or other	ers have no	TAUT MEASSET, FLORRING, been selected, b	MAR -9 AM 10: 22	
	Signature: (By a direct an incorport that fiducing)	votes cast fo	r dissolution (voting group r other officer - if nands of a receive	directors or officer, crustee, or other	ers have no	TAUT MEASSET, FLORRING, been selected, b	MAR -9 AM 10: 22	

Filing Fee: \$35

H15000059708