Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

Account Name : LAZARUS CORPORATE FILING SERVICE

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DISSOLUTION OR WITHDRAWAL CORINTIOS MEDICAL CENTER INC

Certificate of Status	0
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Corporate Filing Menu

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3/3/15

## #15000052848

FILED

## ARTICLES OF DISSOLUTIONS HAR -2 AMIL

	- 4111:43		
Pursuant to s of dissolutio	n:  TALL AHASSEE, FLORIDA		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Corintios Medical Center Inc		
SECOND:	The document number of the corporation (if known): +1500015846		
THIRD:	The date dissolution was authorized: 3 2 15		
	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 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)		
	The state of the s		
	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by		
	(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)		
	Josus Gonzalez		
	(Typed or printed name of person signing)		
· · ·	President		
•	(Titic of person signing)		

Filing Fee: 535