

P93000039348

7421 N. UNIVERSITY Drive  
Suite 207  
Tamarac FL 33321

City/State/Zip

Phone #

700002711477--9  
-12/14/98--01074--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

**EFFECTIVE DATE**

12-31-98

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Dis  
12-28-98  
DLS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 DEC 14 PM 3:16

**FILED**

Examiner's Initials

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, the undersigned corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Center For Behavioral Health, Inc.

SECOND: The date dissolution was authorized: <sup>For</sup> 12/3/98

THIRD: Adoption of Dissolution (check one) Effective 12-31-98

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

(The following statements must be separately provided for each voting group entitled to vote separately on the plan to dissolve.)

EFFECTIVE DATE

12-31-98

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

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

Signed this 3<sup>rd</sup> day of December, 19 98.

Center for Behavioral Health, Inc.  
(Corporation Name)

By Steven Cassee, Ph.D.  
(Chairman or Vice Chairman of the Board, President, or other officer)

STEVEN CASSEE PH.D.  
(Typed or printed name)

PRESIDENT  
(Title)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 DEC 14 PM 3:16

FILED