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Requestor's Name	
Post Office Box 432160 South Miami, Florida 33243-2160	
City/State/Zip	Phone #

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TALLAHASSEE, FLORIDA

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

1. \_\_\_\_\_  
(Corporation Name) (Document #) 600002032636--3  
-12/18/96-01079--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

2. \_\_\_\_\_  
(Corporation Name) (Document #)

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

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NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/ Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

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VS DEC 30 1996

Examiner's Initials

ARTICLES OF DISSOLUTION  
OF  
HEALTH MANAGEMENT PROVIDERS, INC.

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TALLAHASSEE FLORIDA

Pursuant to the provisions of Section 607.1402 and 607.1403 of the Florida Business Corporation Act, HEALTH MANAGEMENT PROVIDERS, INC., a Florida Corporation (the "Corporation") hereby adopts the following Articles of Dissolution and certifies the following information for the purposes of dissolving the Corporation:

1. The name of the Corporation filing these Articles of Dissolution is HEALTH MANAGEMENT PROVIDERS, INC.
2. The Corporation elected to dissolve at a joint meeting of its board of directors and shareholders, the votes cast by the shareholders being sufficient for approval, on December 2, 1996.

IN WITNESS WHEREOF, the undersigned being the President and Secretary of HEALTH MANAGEMENT PROVIDERS, INC., has executed these Articles of Dissolution on behalf of the Corporation this 31<sup>st</sup> day of December, 1996.

HEALTH MANAGEMENT PROVIDERS, INC.,  
A Florida Corporation

BY:



Jeffrey A. Prussin

President and Secretary