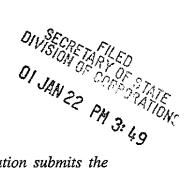
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Requester's Name	
Please send the filed copies to: Melissa Warlow Integrated Health Services 910 Ridgebrook Road Sparks, MD 21152	OI JIM 22 PM 3: 48
	Office Use Only
CORPORATION NAME(S) & DOCUMENT N	IUMBER(S), (if known):
1.	4000035630447 -01/22/0101119001 ****455.00 ******35.00

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(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
3(Corporation Name)	(Document #)	
4(Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of F Change of Regis Dissolution/With	•
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/O	as Copy

ARTICLES OF DISSOLUTION



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

FIRST:	RST: The name of the corporation is: Integrated Health Services Home II	
		Inc.
SECOND:	The date dissolution was authorized: January 12, 2001	
THIRD:	Adoption of Dissolution (CHECK ONE)	
	ssolution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.	·
☐ Dis	solution was approved by vote of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:	
The	number of votes cast for dissolution was sufficient for approval by	
	(voting group)	* ***
Sig	gned this 18th day of JANUARY 2001.	,
Signature _	Mass	
U –	(By the Chairman or Vice Chairman of the Board, President, or other officer)	,
	Melissa Warlow	_
	(Typed or printed name)	-
	Vice President	
	(Title)	