

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

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Account Name : C T CORPORATION SYSTEM
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2008 DEC 18 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDAFILED
2008 DEC 18 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL

VOLUSIA HEALTHCARE NETWORK, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

ASR
12/19/08

2008 DEC 18 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
submits the following:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

SECOND: The document number of the corporation (if known): P94000011110

THIRD: The date dissolution was authorized: December 15, 2008

Effective date of dissolution if applicable: upon filing
(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 of 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)

Signature:

(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)

Dora A. Blackwood

(Typed or printed name of person signing)

Vice President and Secretary

(Title of person signing)

Filing Fee: \$35