

P94000078290
ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FLA000000005

REFERENCE: 2007936
(SUB ACCT.)

DATE: 12-22

REQUESTER NAME: LEXIS DOCUMENT SERVICES

ADDRESS: P.O. BOX 2969
SPRINGFIELD, ILLINOIS 62708

400002378934--6

CONTACT NAME: CYNTHIA WOODYARD (904) 877-7296

CORPORATION NAME: Altacare of Florida

AUTHORIZATION: C. Woodyard

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- CALL WHEN READY CALL IF PROBLEM AFTER 4:30
- WALK IN WILL WAIT PICK-UP
- MAIL OUT (IF APPLICABLE)

97 DEC 22 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

97 DEC 22 PM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

12/23
Joy
Vol. DSS
Inactive

FILED

97 DEC 22 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation is: AltaCare of Florida, Inc.

SECOND: The date dissolution was authorized: June 30, 1997

THIRD: 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 vote 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)

Signed this 1st day of November, 19 97

Signature 
(By the Chairman or Vice Chairman of the Board, President, or other officer)

H. Neil Campbell, President

(Typed or printed name)

(Title)