

P95000004791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

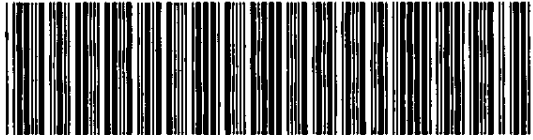
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
14 DEC 29 PM 2 51

EFFECTIVE DATE

12/31/14

Am. Diss/CC  
@ 12/31/14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CD Health Services, Inc.

**DOCUMENT NUMBER:** P95000004791

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Connie Rice

(Name of Contact Person)

(Firm/Company)

609 Old Fort Road

(Address)

Fairview, NC 28730

(City/State and Zip Code)

For further information concerning this matter, please call:

Connie Rice

(Name of Contact Person)

at ( 828 ) 230-9500

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**EFFECTIVE DATE**  
12/31/14

**ARTICLES OF DISSOLUTION**

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

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
CD Health Services, Inc.

SECOND: The document number of the corporation (if known): P95000004791

THIRD: The date dissolution was authorized: December 17, 2014

Effective date of dissolution if applicable: December 31, 2014  
(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 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: Connie Rice  
(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)

Connie Rice  
(Typed or printed name of person signing)

President  
(Title of person signing)

**Filing Fee: \$35**

FILED  
SECRETARY OF STATE  
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