

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

DISSOLUTION

CHCS OF FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Manus

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of dissolution:

ÇT CORP

CT CORPORATION
HARNETT LESNICH & RIPPS

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ARTICLES OF DISSOLUTION

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

TH31105

FIRST:	The name of the corporation as currently filed with the Florida Department of	of State:		
	CHCS OF FLORIDA, INC.			
SECOND:	The document number of the corporation (if known): P95000014416			
THIRD:	The date dissolution was authorized: December 6, 2005			
	Effective date of dissolution if applicable: December 31, 2005 (no more than 90 days after dissolution	n Kje dale)		
FOURTH:	Adoption of Dissolution (CHECK ONE)	Ī		
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for diss	olutio	2
	Dissolution was approved by of the shareholders through voting groups.			
	The following statement must be separately provided for each voting group a to vote separately on the plan to dissolve;	intitled		
	The number of votes east for dissolution was sufficient for approval by			
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	ιναίκη μιουρ)			
		TAL!	95	
	Signature: Long M. (By a director, president or other officer, If directors or officer, have not been selected, by	RETARY AHASSEI	DEC 14	
	an incorporator - if in the bands of a receiver, trustee, of other court appointed feduciary, by that fiduciary)	OF STATE FLORII	₹	Ö
	LEN SHERMAN	DA TE	ယ	
	(Typed or printed name of person sleading)			

Filing Fee: 535

(Title of person signing)

Vice President, Secretary, Treasurer, and Chief Financial Officer