

P95000037138

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OFF
7/16

LIGHTHOUSE HEALTH CARE, INC.
20800 Biscayne Boulevard
Aventura, Florida 33180
Tel: 305-935-3333
Fax: 305-935-9926

February 4, 2004

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

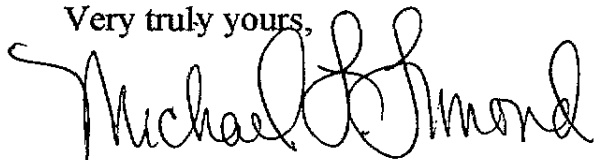
Re: Lighthouse Health Care, Inc
Document #: P9500000037138

Please find attached Articles for Dissolution for Lighthouse Health Care, Inc. The Corporation is no longer active.

Enclosed also is a check for \$35.00 for the filing fees.

Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael L. Limond". The signature is fluid and cursive, with a large initial "M" and "L".

Michael L. Limond
President

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 Department of State:

LIGHTHOUSE HEALTH CARE, INC.

SECOND: The document number of the corporation (if known): P95000037138

THIRD: The date dissolution was authorized: DECEMBER 30, 2003

Effective date of dissolution if applicable: _____
(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)
Signed this 4th day of MARCH, 2004

Signature: Michael L. Limond, President

(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)

MICHAEL L. LIMOND
(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE, FLORIDA

Filing Fee: \$35