FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

(((H98000008438 7)))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FERNANDEZ, PETR & ASSOCIATES

ACCT#: 110514003576

CONTACT: PETER PETR

PHONE: (305)651-4649

FAX #: (305)651-1278

4:46 PM

NAME: COMMUNITY HEALTH CARE CONNECTION, INC.

AUDIT NUMBER......H98000008438

DOC TYPE.....DISSOLUTION

CERT. OF STATUS..0

PAGES..... 1

CERT. COPIES.....0

DEL.METHOD. FAX

EST.CHARGE. \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR

FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM

ELECTRONIC FILING COVER SHEET

(((H98000008438 7)))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FERNANDEZ. PETR & ASSOCIATES

ACCT#: 110514003576

CONTACT: PETER PETR

CONTACT: PETER PETE PHONE: (305)651-4649

FAX #: (305)651-1278

4:46 PM

NAME: COMMUNITY HEALTH CARE CONNECTION, INC.

AUDIT NUMBER...... H98000008438

DOC TYPE.....DISSOLUTION

CERT. OF STATUS..0

PAGES...... 1

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE. \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR

DIMISION OF CORPORATIONS

98 HAY -5 AM 8: 10

BECEINED



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 5, 1998

COMMUNITY HEALTH CARE CONNECTION, INC. 6710 STIRLING ROAD DAVIE, FL 33024

SUBJECT: COMMUNITY HEALTH CARE CONNECTION, INC.

REF: P95000049081

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

The FAX audit number must be on the top and bottom of each page of the document.

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6906.

Darlene Connell Corporate Specialist FAX Aud. #: H98000008438 Letter Number: 998A00024601

д98000008438

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 is: COMMUNITY HEALTH CARE
CONNECTION, INC.	
SECOND:	The date dissolution was authorized: 5/1/98
THIRD:	Adoption of Dissolution (CHECK ONE)
Diss was	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Diss	olution was approved by vote of the shareholders through voting groups.
Ti er	he following statement must be separately provided for each voting group 25 8 ntitled to vote separately on the plan to dissolve:
The	the following statement must be separately provided for each voting group mittled to vote separately on the plan to dissolve: number of votes cast for dissolution was sufficient for approval by (voting group)
	(voting group)
Signe	d this
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)
BARBARA SANABRIA (Typed or printed name)	
	PRESIDENT
nandez, Petr & Associates	

Pernandez, Petr & Associates 1200 W.E. 207th St.

H98000008438

Mlami, FL 33179 (305)651-4649