

DEC. 19. 2003 2:22 PM
Division of Corporations

ROGERS TOWERS

D. 0046

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Florida Department of State
Division of Corporations
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EFFECTIVE DATE
12/31/03

From:
Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904) 398-3911
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DISSOLUTION

MAYO HEALTH PLAN, INC.

Certificate of Status	0
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John - Diss.

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ROGERS TOWERS

NO. 6646 P. 2

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**MAYO HEALTH PLAN, INC.
ARTICLES OF DISSOLUTION**

Pursuant to Section 607.1403, Florida Statutes, MAYO HEALTH PLAN, INC., a Florida corporation (the "Corporation"), submits the following Articles of Dissolution:

**ARTICLE I
NAME**

The name of the Corporation is: MAYO HEALTH PLAN, INC.

EFFECTIVE DATE
12-31-03

**ARTICLE II
DATE DISSOLUTION AUTHORIZED**

The shareholders of the Corporation authorized the dissolution of the Corporation on November 25, 2003.

**ARTICLE III
SHAREHOLDER APPROVAL**

The dissolution was approved by written consent of the shareholders of the Corporation and the number of votes cast for dissolution was sufficient for approval.

**ARTICLE IV
EFFECTIVE DATE**

The effective date of the dissolution will be December 31, 2003.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed on behalf of the Corporation by its duly authorized officer on December 18, 2003.

MAYO HEALTH PLAN, INC.

By:

Print Name: DAVID D. DOLLING

Its: President

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DEC. 29. 2003 2:21PM

ROGERS TOWERS

NO. 6646 P. 3

H03000342839

**NOTICE OF CORPORATE DISSOLUTION
OF
MAYO HEALTH PLAN, INC.**

This Notice of Corporate Dissolution is submitted by **MAYO HEALTH PLAN, INC.**, a dissolved Florida corporation (the "Corporation"), for resolution of payment of unknown claims against this Corporation as provided in Section 607.1407, Florida Statutes.

1. Name of Corporation: **MAYO HEALTH PLAN, INC.**
2. Date of Dissolution will be December 31, 2003.
3. Description of information that must be included in a claim:
 - a. Name, address and phone number of Claimant;
 - b. The amount of the claim;
 - c. The date the claim arose; and
 - d. A description of the nature of the claim in sufficient detail so as to enable the corporation to evaluate the merits of such claim.
4. Mailing address where claims can be sent:

MAYO HEALTH PLAN, INC.
c/o Joanne L. Martin
4500 San Pablo Road
Jacksonville, Florida 32224

5. A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this Notice of Corporate Dissolution.

IN WITNESS WHEREOF, this Notice of Corporate Dissolution has been executed on behalf of the Corporation by its duly authorized officer on December 18, 2003.

MAYO HEALTH PLAN, INC.

By:

Print Name: DAVID B. Delling

Its: President