## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

Phone : (850) 222-1092 : (850)878-5368

DISSOLUTION OR WITHDRAWAL TENET HIALEAH (ASC) HEALTHSYSTEM, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

SEP 252014 T. CARTER

## **COVER LETTER**

TO: Amendment Section	
Division of Corporations	
SUBJECT: TENET HIALEAH (ASC) HEALTH	HSYSTEM, INC.
DOCUMENT NUMBER: P96000023297	
The enclosed Articles of Dissolution and fe	e are submitted for filing.
Disease water with a surroundings and a surrounding	ship metter to the fallowing:
Please return all correspondence concerning	this matter to the following:
Minima & Manab	
Kristina A. Mack	
(Name of C	Contact Person)
TENET HIALEAH (ASC) HEALTHSYSTEM, INC	c.
	v/Company)
1445 Ross Avenue, Suite 1400	
\$	idress)
•	idiess)
Dallas, Texas 75202	
(City/Stat	e and Zip Code)
For further information concerning this mat	ter please call
101 Julius mismailon concerning mis ma	wi, production.
Sara Frederick	.214 932-3685
	at ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	nt:
m \$25 tiling tee	\$43.75 Filing Fee & \$52.50 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
	(Additional copy is Certified Copy
	enclosed) (Additional copy is enclosed)
	·
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

SECRETARY OF STATE TALLAHASSEE FLORIDA

14 SEP 24 PM 3: 02

## 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:			
	TENET HIALEAH (ASC) HEALTHSYSTEM, INC.			
SECOND:	The document number of the corporation (if known): P96000023297			
THIRD:	The date dissolution was authorized:			
	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 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			
	(voling group)			
	Signature:  (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)			
	Kristina A. Mack			
	(Typed or printed name of person signing)			
	Secretary			
	(Title of person signing)			

Filing Fee: \$35