P96000083804

2354 Highland View Dr. SE Grand Rapids, MI 49546 (616) 975-0870 FAX: (616) 975-0871 E-Mail: MNGMNGCARE@AOL.COM

March 6, 1998

Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Dissolution of Business: Confirmation December 31, 1997 discontinued business. Notification of address change effective January 1, 1998.

Per your request I am advising you of my new address, as listed in the heading above, should you require further contact with me.

I am also including The Articles of Dissolution which was authorized on December 29, 1997 to become effective December 31, 1998.

Thank you for your follow up and forwarding of forms requested to replace those earlier requested but not received.

Sincerely,

-04/13/98--01078--024 *****35.00 *****35.00

Larry K. Newman

ans 1-Neura

President

LKN/hjm

"fldissolvemmc12-31-97"

4/16

ARTICLES OF DISSOLUTION

n submits the ASS

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:	
FIRST:	The name of the corporation is: MANAGING MANAGED CARE, INC
SECOND:	The date dissolution was authorized: <u>Det December</u> 29,1997 AUTHORIZED + RECORDED MINUTES: December 29,1997 +0 become effective December 31
THIRD:	Adoption of Dissolution (CHECK ONE)
Diss was	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
☐ Diss	solution was approved by vote of the shareholders through voting groups.
	The following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Signe	ed this
Signature Z	Sarry K-Newman President, or other officer)
	LARRY K Newman (Typed or printed name)
	President

(Title)