

P96000092580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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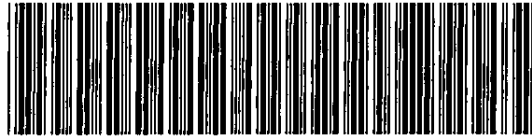
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Carelink Management, Inc.

DOCUMENT NUMBER: P96000092580

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bonnie Lemasson

(Name of Contact Person)

C/O Orlando Regional Healthcare System, Inc.

(Firm/Company)

1414 Kuhl Avenue, MP 2

(Address)

Orlando, FL 32806

(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Lemasson

(Name of Contact Person)

at (321) 841-8826

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Carelink Management, Inc.

SECOND: The date dissolution was authorized: January 31, 2007

THIRD: Adoption of Dissolution

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 29th day of March, 2007

^{BDL}
^{3/29/07} Signature Paul A. Goldstein
Paul A. Goldstein
Vice President/Secretary/Treasurer