Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821

Fax Number

: (850)558-1515

DISSOLUTION OR WITHDRAWAL VOCA CORPORATION OF FLORIDA

Certificate of Status	0
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COVER LETTER

TO: Amendme Division of	ent Section of Corporations		
SUBJECT: WOCA	Corporation of Florida Disso	lution	
DOCUMENT NU	MBER: P97060032293		
The enclosed Artic	des of Dissolution and f	ce are submitted for filing	ŗ,
Please return all co	rrespondence concerning	this matter to the follow	ing:
Laurie Mayer			
411611111111111111111111111111111111111	(Name of	Contact Person)	
BrightSpring Health S	ervices		
**************************************	(Firn	n/Company)	***************************************
805 N. Whittington Pe			
		ddress)	
Louisville, KY 40222			
***************************************	(City/Sta	te and Zip Code)	
For further informs	ation concerning this mat	uer, picase call;	
Laurie Mayer		at (502/630)-7422	
(Name c	Contact Person)	(Area Code).	(Daytime Telephone Number)
Enclosed is a chec	k for the following amou	nt:	
₩ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Cl \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Consider the States & Certificate of States & Certified Copy (Additional copy is enclosed)
	Mailing Address: Street Address:		t Address:
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327			ion of Corporations Tentre of Tallahassee
Tallahassee, FI.	.32314		N. Monroe Street. Suite 810

Tallahassee, FL 32303

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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:				
	VOCA Corporation of Florida				
SECOND:	The document number of the corporation (if known):P97000032293				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable:				
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.				
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.				
		•			
		, ,			
	A	••			
	Signature: In M	G			
	(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)				
	Steven S. Reed				
	(Typed or printed name of person signing)				
	Secretary				
	(Title of person signing)				

Filing Fee: \$35