

P 97000067924

Requestor's Name
Address
City/State/Zip Phone #

100002891521--2
-06/01/99--01140--012
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

2121 NW 93rd Ave
Pembroke Pines
Florida 33024
5/25/99

Dear Sir,

I hereby authorize the
dissolution of the here-mentioned
Corporation of Stonebrook
Community Mental Health Center.

Yours Respectfully
Sharon A Clarke
954-4332721

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUN - 1 AM 10:21

FILED

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Dis
6-8-99
BMS

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: STONEY BROOKE Community
Mental Health Center, Inc.

SECOND: The date dissolution was authorized: 12-02-98

THIRD: 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 vote of 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

(voting group)

Signed this 25 day of May, 19 99

Signature

Sharon A. Clarke

(By the Chairman or Vice Chairman of the Board, President, or other officer)

SHARON A CLARKE

(Typed or printed name)

CEO / President

(Title)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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