

P97000086501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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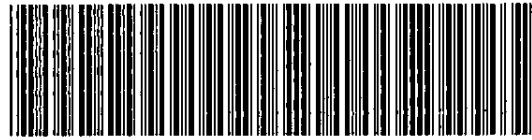
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Atlantic Health Care Management Co., Inc.

**DOCUMENT NUMBER:** P97000086501

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

Please return all correspondence concerning this matter to the following:

Jon H. Steinmeyer  
(Name of Contact Person)

Atlantic Health Care Management Co., Inc.  
(Firm/Company)

7060 SW 8 St.  
(Address)

Miami, FL 33144  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jon H. Steinmeyer at (305) 261-4163  
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 20, 2011

JON G. STEINMEYER  
ATLANTIC HEALTH CARE MANAGEMENT COMPANY  
7060 S.W. 8TH STREET  
MIAMI, FL 33144

SUBJECT: ATLANTIC HEALTH CARE MANAGEMENT COMPANY, INC.  
Ref. Number: P97000086501

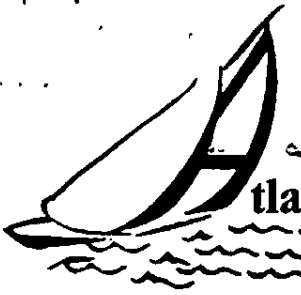
Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 611A00001681



**Atlantic Health Care Management Co., Inc.**

*Excellence in Long Term Care*

January 11, 2011

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: ATLANTIC HEALTH CARE MANAGEMENT COMPANY, Inc.  
Document Number P97000086501

To Whom It May Concern:

Dear Sir or Madam:

Please be advised that effective January 10, 2011, Atlantic Health Care Management Company, Inc. has ceased operations and is no longer in business.

Kindly remove Atlantic Health Care Management Company, Inc. from your active corporation listing.

If you have any questions concerning this matter, please do not hesitate to contact me at 305-261-1363.

Sincerely;

Jon H. Steinmeyer  
President

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Atlantic Health Care Management Company, Inc.

SECOND: The document number of the corporation (if known): P97000086501

THIRD: The date dissolution was authorized: 1-10-2011
Effective date of dissolution if applicable: 1-10-2011 (no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] 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

President and 5018 Shareholders (voting group)

Signature: [Handwritten 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)

TOM H. STEINMEYER (Typed or printed name of person signing)

President (Title of person signing)

FILED 2011 JAN 27 A 11:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA