## P97000086954

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Dissolution

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## **COVER LETTER**

Division of Corporations
SUBJECT: KEY HEALTHCARE MANAGEMENT
DOCUMENT NUMBER: P97060086954
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAWN STEINBERG (Name of Person)
(Name of Person)
KEY HEALTH CARE MANAGEMENT
(Name of Firm/Company)
3 + 1065 NE 125+4 St. #22
(Address)
N. Mary Fla 33161 (City/State/and Zip Code)
For further information concerning this matter, please call:
DAWN STEINBERG at (305) 891-0050 \$2225 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\ \begin{array}{ c c c c c c c c c c c c c c c c c c c
MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  STREET ADDRESS:  Amendment Section  Division of Corporations  409 E. Gaines Street

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## 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:
KEY HEALTHCARE MANAGEMENT, INC.
SECOND: _ The document number of the corporation (if known): P9700086954
THIRD: The date dissolution was authorized: 6/04/05
Effective date of dissolution if applicable: 7/1/05  (no more than 90 days after dissolution file date)
FOURTH: 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 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
The number of votes cast for dissolution was sufficient for approval by
Signed this 15+ day of JULY , 2005
Signature: Dawn Stewards  (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)
DAWN STEINBERG
(Typed or printed name of person signing)
Down Sternberg,
(Title of person signing)

Filing Fee: \$35