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LAZARUS CORPORATE FILING SERVIC	E, INC.
(Requestor's Name)	
3320 S.W. 87th AVENUE	
(Address)	300002730222
MIAMI, FLORIDA (305)552-5973	30002730223——§ -01/05/9901041012 *****35.00 *****35.0
(City, State, Zip) (Phone #)	
LOCAL REPRESENTATIVE TALLAHASSE	OFFICE USE ONLY
CORPORATION NAME(S) & DOC	JMENT NUMBER(S) (if known):
TOINITY HEA	ITH CARE INC.
(Corporation Name)	(Document #V
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(Corporation Name)	(Document#)
(Corporation Name)	<u> </u>
	(Document#)
4. (Corporation Name)	(Document#)
Walk in Pick up time	Certified Copy
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Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
	State of the state
OTHER FILINGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement

Trademark

Other

Examiner's Initials

ARTICLES OF DISSOLUTION

ARTICLES OF DISSOLUTION 99 FILED SERVICES PM 1: 26 Pursuant to section 607.1403, Florida Statutes, this corporation submits the FILES following articles of dissolution:		
Pursuant to following ar	section 607.1403, Florida Statutes, this corporation submits the ROPE ticles of dissolution:	
FIRST;	The name of the corporation is: Trinity Health Care, Inc.	
SECOND:	The date dissolution was authorized: October 23, 1998	
THIRD:	Adoption of Dissolution (Check one)	
	XX Dissolution was approved by the shareholders. The number of votes cast For the 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 23 rd day of October, 1998	
	Signature ————————————————————————————————————	
	Typed or Printed name)	
	President (Title)	