

**198000022080**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H15000162226 3)))



H150001622263ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

RECEIVED

15 JUL -2 AM 12:33

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL -2 AM 7:39

FILED

**DISSOLUTION OR WITHDRAWAL  
AMBULATORY RESOURCE CENTRES OF FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

V/D

JUL - 7 2015

D CONNELL

## 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:

Ambulatory Resource Centres of Florida, Inc.

SECOND: The document number of the corporation (if known): P08000022080

THIRD: The date dissolution was authorized: June 26, 2015

Effective date of dissolution if applicable: \_\_\_\_\_

(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 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

100%

(voting group)

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)

Jennifer B. Baldock

(Typed or printed name of person signing)

Vice President and Secretary

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL -2 AM 7:39

FILED