

P980000033981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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12 MAR 28 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR 30 2012  
T. ROBERTS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Behavioral Health Care Mgmt Systems Inc.  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ester Agramonte  
(Name of Person)

Health Business Solutions  
(Firm/Company)

10620 Centfin Rd. Ste 204  
(Address)

Cooper City, FL 33328  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ester Agramonte at (954) 434-1909  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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  
Behavioral Health Care Management Systems, Inc.

SECOND: The document number of the corporation (if known): P98000033981

THIRD: The date dissolution was authorized: March 20, 2012

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

\_\_\_\_\_  
(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)

Neal McGarry

(Typed or printed name of person signing)

Vice President

(Title of person signing)

**Filing Fee: \$35**