	Paul WATES Requ	18000069485 estor's Name
	1114 EAST	Address
	TA llahass City/State/Zi	Ce   FL 3330    856   834-9393   Phone # Office Use Only
	CORPORATION N	AME(S) & DOCUMENT NUMBER(S), (if known):
	1. Communit	ation Name)  (Document #)  (Document #)  (Document #)
	2. (Corpor	ation Name) (Document #)
	3(Corner	ation Name) (Document #)
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	4(Corpor	ation Name) (Document #)
	☐ Walk in ☐	Pick up time Certified Copy
		Will wait Photocopy Certificate of Status
	NEW FILINGS	AMENDMENTS
Ī	- Profit	Amendment
1	NonProfit	Resignation of R.A., Officer/ Director
Ì	Limited Liability	Change of Registered Agent
1	Domestication	Dissolution/Withdrawal 500002682095—6
	Other	Dissolution/Withdrawal         50002682095—6           -11/06/98-01051-024         ******35.00           Merger         ******35.00
ī.[		The second secon
100	OTHER FILINGS	REGISTRATION/
	Annual Report	QUALIFICATION
	Fictitious Name	Foreign  Limited Borthership
	Name Reservation	Limited Partnership
		Reinstatement
	-	Trademark
		Other

Examiner's Initials

The undergianed hereby adopts the following Articles

The undersigned hereby adopts the following Articles of Dissolution under the laws of the State of Florida.

### ARTICLE I - Name

The name of the dissolved corporation is **COMMUNITY CARE MEDICAL CENTER**, INC., whose address is 5500 9th Street North, St. Petersburg, FL 33703-1204

## ARTICLE II - Date of Incorporation

The Articles of Incorporation were filed on August 10, 1998.

## ARTICLE III - Shares

No shares of the corporation shares have been issued.

### ARTICLE IV - Debts

No debt of the corporation remains unpaid.

# ARTICLE V - Adoption of Dissolution

Both incorporators authorized the dissolution.

IN WITNESS WHEREOF, the undersigned, as incorporator, hereby executes these articles of incorporation this $26^{h}$ day of October, 1998.
Mun de Add
Roderick 7. Jones, D.C., President
STATE OF FLORIDA
COUNTY OF Pinellas
Before me, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Roderick C. Jones, D.C., President, known to me and known by me to be the person who executed the foregoing articles of incorporation, and he acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.
WITNESS my hand and official seal this day of October, 1998.
Judy Gardner
Notary Public No
State of Florida at Large
My Commission Expires:
Judy Gardner MY COMMISSION # CC692425 EXPIRES October 30, 2000  BONDED THRU TROY FAIN INSURANCE, INC.