

**P98000080246**

Requester's Name

Address

City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **400003338784--2**  
 -07/26/00--01090--004  
 \*\*\*\*\*43.75 \*\*\*\*\*43.75

Mailing Address is  
 Complete Care Therapy Services Inc  
 c/o Ella P. DIAZ  
 1624 SE 29th Terrace  
 Ocala FL 34471  
 352-624-1573

**FILED**  
 00 JUL 26 PM 4:22  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- ☐ Limited Partnership
- ☐ Domestication
- ☐ Other
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

**CC**  
**VOL/DIS**  
**7/27**

Examiner's Initials

## 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 is: Complete Care Therapy Services Inc

SECOND: The date dissolution was authorized: July 25, 2000

THIRD: 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 vote of the shareholders through voting group

*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

2 of 3 voting officers  
(voting group)

Signed this 25<sup>th</sup> day of July, 19 2000.

Signature

[Signature]

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Sherril L. Williams

(Typed or printed name)

Board of Directors / sole director  
(Title)

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