P99000008154

St. Clair Medical Center
P.O. Box 551136
Jacksonville, FL 32255

Office Use Only

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

1. _____
   (Corporation Name)   (Document #)

2. _____
   (Corporation Name)   (Document #)

3. _____
   (Corporation Name)   (Document #)

4. _____
   (Corporation Name)   (Document #)

00 NOV -3 PM 1: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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- ☐ Walk in
- ☐ Pick up time _____
- ☐ Certified Copy
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- ☐ Will wait
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- ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☑ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

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

T. LEWIS   NOV 1 3 2000

Examiner's Initials

CR2E031(7/97)

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:____St. Clair Medical Center, Inc.____

SECOND: The date dissolution was authorized:____October 1, 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 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 ___23rd___ day of ____October____, __2000__.

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

____Mohamed O. Saleh, M.D.____
(Typed or printed name)

President
(Title)