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COVER LETTER

Division of Corporations	
SUBJECT: Articles of Disso	lution
DOCUMENT NUMBER: S37447	7
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Legal Services Departr	ment
(Name of	Contact Person)
BayCare Health System	n, Inc.
(Fin	m/Company)
16255 Bay Vista Drive	
(A	Address)
Clearwater, Florida 337	' 60
(City/Sta	ate and Zip Code)
For further information concerning this ma	itter, please call:
Scott Kizer	at (727) 519-1876 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
■ \$35 Filing Fee	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment 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 Departme	nt of Sta	te:	
	St. Joseph's Preferred, Inc.			
SECOND:	The document number of the corporation (if known): \$\frac{\$537447}{}\$			
THIRD:	The date dissolution was authorized: December 10, 2012			
	Effective date of dissolution if applicable: December 31, 201	2 ution file de	ate)	_
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes of was sufficient for approval.	ast for d	issolu	tion
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting ground to vote separately on the plan to dissolve:	ıp entitle \$.c	:d	
	The number of votes cast for dissolution was sufficient for approval by	ECRETARY	2 DEC 27	- ans.
	(voting group)	OF STATE E. FLORID/	PM 4:20	
: <u>-</u>	Signature: (By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, that fiduciary)			
	Lorraine Lutton			
	(Typed or printed name of person signing)	_		
	Director			

Filing Fee: \$35

(Title of person signing)

Notice of Corporate Dissolution

	submitted by the dissolved corporation named below for resolution of payment of unknown claims reporation as provided in s. 607.1407, F.S.
This "Notice o	Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corpo	oration: St. Joseph's Preferred, Inc.
	tion will be the date the dissolution is filed with the Department of State or as Articles of Dissolution.
Description of	information that must be included in a claim:
Company	name; contact person; mailing address; phone number; e-mail address;
amount o	claim; date of claim; description of claim; contract/documentation
supportin	ng claim
Mailing addres	s where claims can be sent: (Claims cannot be sent to the Division of Corporations) BayCare Health System, Inc.
	Attention: Legal Services Department
	16255 Bay Vista Drive
	Clearwater, Florida 33760
	the above named corporation will be barred unless a proceeding to enforce the claim is commenced after the filing of this notice.
Lorraine	Lutton Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00