

S63422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

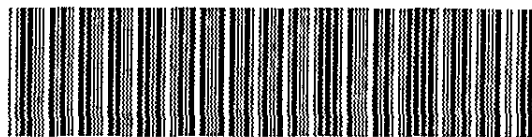
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2003 MAY - 1 PM 4:42

Volum. Diss.
05/06/03
DC

AURORACARE

April 28, 2003

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Re: AuroraCare
Dissolution of Corporation

Dear Sir or Madam:

Attached please find the Articles of Dissolution and a check in the amount of \$43.75. Please proceed with dissolution of AuroraCare as requested.

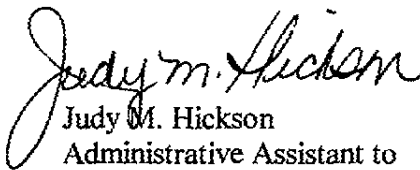
Please send certification to such to:

Robert S. Ward
Bayview Center for Mental Health, Inc.
12550 Biscayne Boulevard, Suite 919
North Miami, Florida 33181

Should you need additional information, please do not hesitate to contact Mr. Ward at (305) 892-4646.

Thank you in advance for your help with this matter.

Sincerely,



Judy M. Hickson
Administrative Assistant to
Mr. Robert S. Ward

/s
Attachments

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: AuroraCare, Inc.

SECOND: The date dissolution was authorized: April 11, 2003

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.

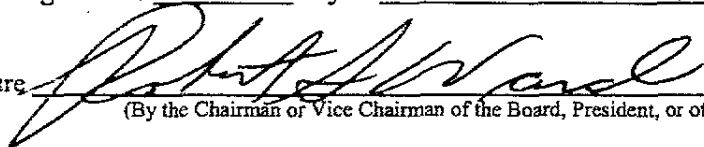
The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 11th day of April, 2003

Signature



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

Robert S. Ward

(Typed or printed name)

President and CEO

(Title)

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