

7/30/2013 13:54:04 From: To: 8506176380

Division of Corporations

869856

(1/2)

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

DISSOLUTION OR WITHDRAWAL
HIALEAH AMBULATORY CARE CENTER, INC.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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DC

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 Department of State:
HIALEAH AMBULATORY CARE CENTER, INC.

SECOND: The document number of the corporation (if known): S69858

THIRD: The date dissolution was authorized: July 19, 2013
Effective date of dissolution if applicable: N/A
(no more than 90 days after dissolution file date)

FOURTH: 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 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)

Signature: Kristina A. Mack, Sole Director
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Kristina A. Mack

(Typed or printed name of person signing)

Sole Director of Sole Shareholder

(Title of person signing)

Filing Fee: \$35

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13 JUL 30 AM 4:47
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TAMARA MASSEY, ESQ.