52M7L4

CAPITOL SERVICES	d/b/a	
PARALEGAL & ATTORN	EY SERVICE BUREAU, INC.	
(Requestor's Name	3	
(Address)	Durce 2	·
	32301 (904) 656-3992	OFFICE USE ONLY
(City, State, Zip)	(Phone #)	
•		8000025333180 -05/22/9301057025 *****35.00 *****35.00
CORPORATION NAM	E(S) & DOCUMENT NUMB	ER(S) (if known):
1. <u>Celebratio</u> (Comporation	n Medical Center,	/u.c. \$80764 (Document#) = 1 = 2 8
2.		Que a
(Corporati	on Name)	(Document#)  (Document#)  (Document#)
3. (Corporati	on Name)	(Document#)
4		(Document #)
Walk in P	ick up time 5/22  Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer,	/Director
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	PR RA
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION	RECEIVED 98 MAY 22 MI II: 06 SULLAIMASSEE FORMATION
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	06

Reinstatement Trademark

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: Celebration Medical Center, Inc.	, , ann ea-
SECOND:	The date dissolution was authorized: May 18, 1998	* * * * * * * * * * * * * * * * * * *
THIRD:	Adoption of Dissolution (CHECK ONE)	
	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.	
Diss	olution was approved by vote of the shareholders through voting groups.	
e.	the following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:  number of votes cast for dissolution was sufficient for approval by	
	••• •• •• •• •• •• •• •• •• •• •• •• ••	
	(voting group)	7 - 7 - 5 - 1 - Δ <u>-</u>
Signe	ed this	÷
Cignature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)	
	Marsha L. Reed	
	(Typed or printed name)	- · ·
,	Assistant Secretary	1 Mar 1 <u> </u>
	(Title)	· ·