

V26659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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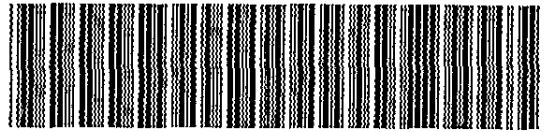
(Business Entity Name)

(Document Number)

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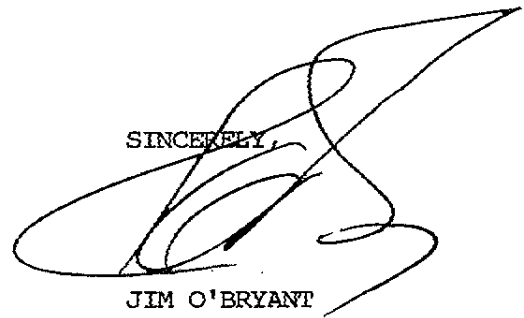
SELECTED HEALTH SERVICES, INC.  
P.O. BOX 1469  
GULF BREEZE, FL 32562  
(850)932-2438

JUNE 6, 2003

DIVISIONS OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

PLEASE ACCEPT THE COMPLETED FORM FOR DISSOLUTION OF THIS  
CORPORATION. WE ATTACH CHECK FOR THE NECESSARY FEES.

SINCERELY,

A large, stylized handwritten signature in black ink, appearing to read 'Jim O'Bryant', is written over the word 'SINCERELY,'.

JIM O'BRYANT

## ARTICLES OF DISSOLUTION

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TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: SELECTED HEALTH SERVICES, INC.

SECOND: The date dissolution was authorized: JUNE 6, 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

Signed this 6TH day of JUNE, 2003  
\_\_\_\_\_  
(voting group)  
Signature \_\_\_\_\_  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

JIM O'BRYANT

(Typed or printed name)

PRESIDENT

(Title)