

P93000058787

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REGISTRY OF STATE  
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA DEPARTMENT OF REVENUE

Dissolution

T BROWN FEB 3 2005



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**ADMINISTRATOR**

JAMES G. BAALMANN, JR.

\* ALSO ADMITTED TO THE ILLINOIS BAR  
\*\* ALSO ADMITTED TO THE ILLINOIS BAR &  
IOWA BAR

January 26, 2005

Secretary of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314


RE: File Name: Eclipse Healthcare, Inc.  
Our File Number: 4861-0298

Dear Sir/Madam:

Enclosed please find the Articles of Dissolution for Eclipse Healthcare, Inc. Also enclosed is a check in the amount of \$35.00 for the filing fees.

Please return the file-stamped documents to this office in the enclosed envelope. If you have any questions, please do not hesitate to contact me.

Sincerely,

  
JUSTINE S. LANCIAULT  
Paralegal

**Enclosures**

direct dial: (314) 889-7136

e-mail: [jlanciault@dmfirm.com](mailto:jlanciault@dmfirm.com)

doc: 138138.wpd

cc: Kathleen Serafin

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Eclipse Healthcare, Inc.

**DOCUMENT NUMBER:** P93000058787

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justine S. Lanciault

(Name of Person)

Danna McKitrick, P.C.

(Name of Firm/Company)

150 North Meramec, 4th Floor

(Address)

St. Louis, MO 63105

(City/State/and Zip Code)

For further information concerning this matter, please call:

Justine S. Lanciault

(Name of Person)

at ( 314 ) 889-7136

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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 Department of State:

Eclipse Healthcare, Inc.

SECOND: The document number of the corporation (if known): P93000058787

THIRD: The date dissolution was authorized: January 20, 2005

Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

[ ] Dissolution was approved by 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 20th day of January, 2005.

Signature: [Handwritten Signature]

(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)

KATHLEEN SERAFIN

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED 05 JAN 31 PM 12:03 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA