

712530

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

From: Account Name : BOWMAN, GEORGE, SCHEB, KIMBROUGH, KOACH & CHAPMAN, P.A.  
Account Number : I1999000222  
Phone : (941)552-5526  
Fax Number : (941)957-4890

DISSOLUTION OR WITHDRAWAL  
AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.

Certificate of Status	0
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AUG 30 2021  
S. PRATHEP

**ARTICLES OF DISSOLUTION**

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.

SECOND: The document number of the corporation (if known): 712530

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

**SECTION I**

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted

\_\_\_\_\_. The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

**SECTION II**

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was AUGUST 4, 2021

The number of directors in office was 10 and the vote for resolution was 10 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: AUGUST 31, 2021  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: 

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

JAMES SHEA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35**

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 TALLAHASSEE, FLORIDA

### ***Notice of Corporate Dissolution***

*This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.*

*This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.*

*Name of Corporation:* AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.

*Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.*

*Description of information that must be included in a claim:*

*Legal or trade name of vendor (if different than legal name.)*

*Description of goods or services.*

*Date goods or services were provided to Auxiliary of Doctors Hospital of Sarasota, Inc.*

*Amount of Claim.*

*Copy of Invoice.*

*Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)*

Auxiliary of Doctors Hospital of Sarasota, Inc.

c/o Bowman George Schab Kimbrough Koach & Chapman, PA

Attn: Tina Mroczkowski

2750 Ringling Blvd., Ste. 3, Sarasota, FL 34237

*A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.*

James Shea, President

*Printed Name of the Person Filing*



*Signature of the Person Filing*

*Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00*

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