

N04000009559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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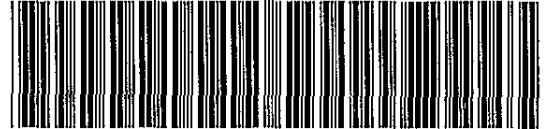
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Jonni Cooper  
(Name of Contact Person)

American College of Cardiovascular Nurses  
(Firm/Company)

P.O. Box 3395, Riverview, FL 33568  
(Address)

or 11219 Rice Creek Road, Riverview, FL 33569  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonni Cooper at ( 813 ) 677-8675  
(Name of Contact Person) (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, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2006

JONNI COOPER  
AMERICAN COLLEGE OF CARDIOVASCULAR NURSE  
P. O. BOX 3395  
RIVERVIEW, FL 33568

SUBJECT: AMERICAN COLLEGE OF CARDIOVASCULAR NURSES, INC.  
Ref. Number: N04000009559

We have received your document for AMERICAN COLLEGE OF CARDIOVASCULAR NURSES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Document Specialist

Letter Number: 106A00009267

RECEIVED  
06 FEB 21 AM 8:00  
DIVISION OF CORPORATIONS

**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:

American College of Cardiovascular Nurses, Inc.

SECOND: The document number of the corporation (if known): NO4000009559

THIRD: Adoption of Dissolution  
(Complete Section I or II)

**SECTION I**

**If the corporation has members entitled to vote:**

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

(CHECK ONE)

- The number of votes cast for dissolution was sufficient for approval.
- The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

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DIVISION OF CORPORATIONS  
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**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 12/15/2005

The number of directors in office was 3 and the vote for resolution was

3 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 11/30/2006  
(no more than 90 days after dissolution file date)

Signature Jonni Cooper  
(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.)

Jonni Cooper  
(Typed or printed name of the person signing)

CEO/President  
(Title of person signing)

**FILING FEE: \$35**