

N50256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

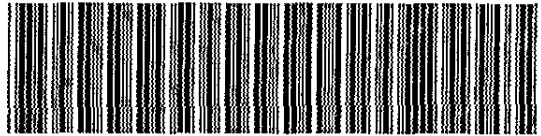
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100011400691

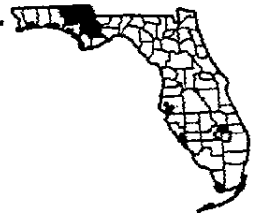
02/11/03--01006--007 **43.75

FILED
03 FEB 10 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N50256
388 NPTDiss
2-10-03
* cert copy
all

Panhandle Area Health Network

2863 Green Street, Suite 2B • Marianna, FL 32448
Tel (850) 482-9088 Fax (850) 482-9298



February 7, 2003

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Chipola Healthy Start, Inc. Dissolution of Corporation

Dear Sir or Madam:

Enclosed you will find a check for the amount of \$43.75 as well as an Article of Dissolution, as required by the state to dissolve the corporation of Chipola Healthy Start. Please call me at (850) 482-9255 if you should have any questions. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Lamar".

Lisa Lamar
Program Director

Serving the counties of Calhoun, Holmes, Jackson, Liberty and Washington

**Credentials
Verification
Organization**
(850) 482-1385
Fax: (850) 718-0312

Prescription Assistance
(850) 718-0172
Fax: (850) 482-9298

Florida KidCare
1-877-892-9593
(Toll Free)
Fax: (850) 482-9298

Chipola Healthy Start
(850) 482-9254/9255
Fax: (850) 482-9298

MomCare
(850) 482-1384
Fax: (850) 482-9298

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 is CHipola Healthy Start, Inc.

SECOND: 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 was
December 5, 2002

(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.

SECTION II

If the corporation has no members or members with voting rights:

The corporation has no members or members with voting rights.

The date of adoption of the resolution by the board of directors was _____

The number of directors in office was _____ and the vote for the resolution
was _____ for and _____ against.

Signed this 31 day of January, 2003.

Signature Holly Segers
(By the Chairman or Vice Chairman of the Board, President or other officer)

Holly Segers

Typed or printed name

Chair, Board of Directors

Title

FILED
03 FEB 10 PM 1:55
SECRETARY OF STATE
ALACHUA COUNTY, FLORIDA