Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000198712 3)))



H080001987123ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY Account Number : I20000000195

Phone

: (850)521-10b0

Fax Number

: (850)558-1575

DISSOLUTION OR WITHDRAWAL

GESTIVE HEALTH CENTER OF JACKSONVILLE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF DISSOLUTION

Pursuant to articles of d	o section 607.1401, Florida Statutes, this Florid dissolution:	a profit corporation submits the following	
FIRST:	The name of the corporation as currently file	currently filed with the Florids Department of State:	
	DIGESTIVE HEALTH CENTER OF	JACKSONVILLE, INC.	
SECOND:	The document number of the comporation (if	'known): P08000062494	
THIRD:	The file date the articles of incorporation: 0	6/27/2008	
FOURTH;	(CHECK AT LEAST ONE BOX)	SECS A	
	None of the corporation's shares h	ave been issued.	
	The corporation has not commence	ed business.	
FIFTH:	No debt of the corporation remains unpaid.	· FLOR	
SIXTH:	The net assets of the corporation remaining as to the shareholders, if shares were issued.	fter winding up have been distributed	
SEVENTH:	I: Adoption of Dissolution (CHECK ONE)	
☐ A majority of the incorporators authorized the dissolution.			
A majority of the directors authorized the dissolution.			
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 fichrolary, by that fiduciary.)			
Transati N.C. Alavarra and its			
(Typed orlprinted name of person signing)			
President			
•	(Title of Person S		
	Filing Pee:	\$35	