

P97000015089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

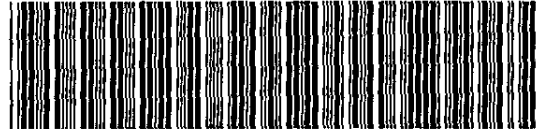
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2004 MAY 12 AM 8:31

Dissolution
LTS
5-13-04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: 297000015089

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

Please return all correspondence concerning this matter to the following:

Howard Minzenberg
(Name of Person)

Volusia Rural Health, Inc
(Name of Firm/Company)

12953 SE 118th Terr.
(Address)

Ocklawaha FL 32179
(City/State/and Zip Code)

For further information concerning this matter, please call:

Glenn McKean at (352) 288-8824
(Name of 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, Florida 32314

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 4, 2004

Howard C. Minzenburg
% VOLUSIA RURAL HEALTH, INC.
12953 SE 118th Terrace
Ocklawaha, FL 32179

SUBJECT: VOLUSIA RURAL HEALTH, INC.
Ref. Number: P97000015089

We have received your document for VOLUSIA RURAL HEALTH, INC.. However, the document has not been filed and is being returned for the following:

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6910.

Louise Flemming-Jackson
Document Specialist Supervisor

Letter Number: 504A00030132

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2004 MAY 12 AM 8:32

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:

Volusia Rural Health, Inc.

SECOND: The document number of the corporation (if known) 897000015089

THIRD: The date dissolution was authorized: September 1, 2003

Effective date of dissolution if applicable: April 15, 2004
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

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

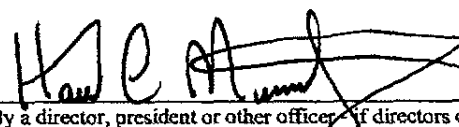
☐ Dissolution was approved by of the shareholders through voting groups.

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 15 day of April, 2004.

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)

Howard minzenberg

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35