

719670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 12 PM 3:29

MAY 16 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Dissolution of the Helen B. Bentley Family Health Center, Inc.

DOCUMENT NUMBER: 719670

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

Please return all correspondence concerning this matter to the following:

N. Patrick Range II

(Name of Contact Person)

(Firm/Company)

5727 NW 17th Avenue

(Address)

Miami, Florida 33142

(City/State and Zip Code)

For further information concerning this matter, please call:

N. Patrick Range II

(Name of Contact Person)

at (**786**)

(Area Code)

295-0083

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

ARTICLES OF DISSOLUTION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 MAY 12 PM 3:29

Pursuant to section 617.1401, 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:

Helen B. Bentley Family Health Center, Inc.

SECOND: The document number of the corporation (if known): 719670

THIRD: The file date of the articles of incorporation: November 10, 1970

FOURTH The corporation has not commenced to conduct its affairs.

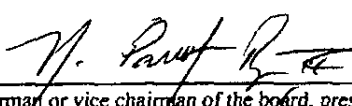
FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution (CHECK ONE)
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

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)

N. Patrick Range II
(Typed or printed name of person signing)

Chairman
(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 MAY 12 PM 3:29

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: Helen B. Bentley Family Health Center, 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:

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

N. Patrick Range II
5727 NW 17th Avenue
Miami, Florida 33142

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.

N. Patrick Range II
Printed Name of the Person Filing

N. Patrick Range II
Signature of the Person Filing

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