

758405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

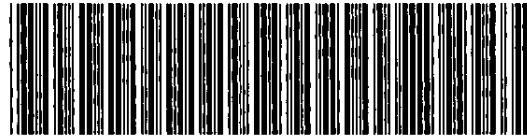
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900242901259

12/26/12--01011--011 \*\*35.00

FILED

12 DEC 26 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 27 2012

T. LEMIEUX

DISC



Attorneys At Law

## HARRISON SALE McCLOY

ROBERT C. JACKSON

[rjackson@HSMcLaw.com](mailto:rjackson@HSMcLaw.com)

304 Magnolia Avenue  
Post Office Drawer 1579  
Panama City, Florida 32401

T 850.769.3434 F 850.769.6121

December 21, 2012

**VIA U.S. MAIL ONLY**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

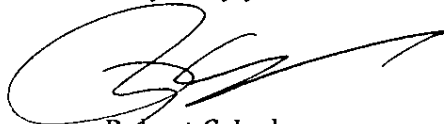
Re: Foundation of Bay Medical Center, Inc.

Dear Sir or Madam:

Enclosed please find our firm's check bearing check number 071781 in the amount of \$35.00 along with the cover letter and executed Articles of Dissolution for the above referenced corporation.

Please do not hesitate to contact our office should you need anything further.

Very truly yours,



Robert C. Jackson

RCJ/alb

Enclosures: as stated

cc: Karen Thomason, Director of Operations

Delivery Confirmation #03052710000336724515

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Foundation of Bay Medical Center, Inc.

**DOCUMENT NUMBER:** 758405

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

Please return all correspondence concerning this matter to the following:

Robert C. Jackson

(Name of Contact Person)

Harrison Sale McCloy

(Firm/Company)

304 Magnolia Ave.

(Address)

Panama City, Florida 32401

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Jackson

(Name of Contact Person)

at ( 850 ) 769-3434

(Area Code & 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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

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:

Foundation of Bay Medical Center, Inc.

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

758405

THIRD:

Adoption of Dissolution

**(COMPLETE SECTION I OR II)**

### SECTION I

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

(CHECK/COMPLETE ONE)

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

April 9, 2012

\_\_\_\_\_ The number of votes cast by the members was sufficient for approval.

- ☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

### 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 \_\_\_\_\_.

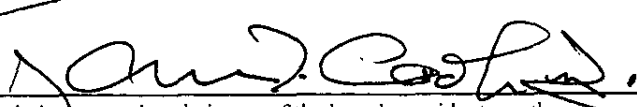
The number of directors in office was \_\_\_\_\_ and the vote for resolution was

\_\_\_\_\_ for and \_\_\_\_\_ against. (Must be a majority vote)

FILED  
12 DEC 26 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

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.)

**James T. Cook, III**

(Typed or printed name of the person signing)

**Chairman**

(Title of person signing)

**FILING FEE: \$35**