

769732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

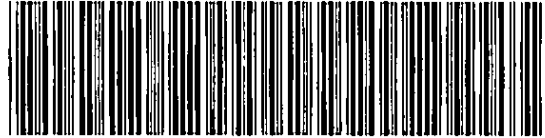
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/24/21--01009--019 **35.00

2021 OCT 15 AM 10:05

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OCT 24 2021
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Munroe Regional Health System, Inc

DOCUMENT NUMBER: 769732

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

Please return all correspondence concerning this matter to the following:

Joseph Hanratty

(Name of Contact Person)

Law Offices of Joseph M Hanratty, PLLC

(Firm/Company)

723 East Ft King Street Suite A

(Address)

Ocala Florida 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Debra Velez

(Name of Contact Person)

at (352)

(Area Code)

622-3662

(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, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2021 OCT 15 AM 9:24

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2021

JOSEPH HANRATTY
723 EAST FT. KING STREET
STE A
OCALA, FL 34471

SUBJECT: MUNROE REGIONAL HEALTH SYSTEM, INC.
Ref. Number: 769732

We have received your document for MUNROE REGIONAL HEALTH SYSTEM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete only 1(one) section regarding the adoption of the dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 121A00024194

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:
Munroe Regional Health System, Inc

SECOND: The document number of the corporation (if known): 769732

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 meeting of members at which the resolution to dissolve was adopted

_____. 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 August 30, 2021.

The number of directors in office was 7 and the vote for resolution was 7 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: September 30, 2021
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

Rich Bianculli

(Typed or printed name of person signing)

Chairman

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

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: Munroe Regional Health System, 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:

Name of Claimant

Date of Claim

Events surrounding claim

Contact Information of Claimant (Phone number physical address and Email Address)

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

Law Offices of Joseph M. Hanratty

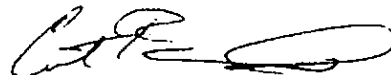
723 East Fort King Street Suite A

Ocala, Florida 34471

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.

Curt Bromund CEO

Printed Name of the Person Filing



Signature of the Person Filing

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