G20382

165 4th Ave N
Terra Verde, Fl. 33715

(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

400226603734

04/17/12--01009--001 **35.00

FILED
2012 JUN 11 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 11 2012

T. ROBERTS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2012

GULF COAST THERAPEUTIC CENTER, INC.
165 4TH AVE N
TIERRA VERDE, FL 33715

SUBJECT: GULF COAST THERAPEUTIC CENTER, INC.
Ref. Number: G20382

We have received your document for GULF COAST THERAPEUTIC CENTER, 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):

Upon receipt of your letter and/or check(s) totaling $35.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

It apears that you started to file on line but change your mind. Enclosed is the proper form to use. Please complete and return with reject letter.

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.

Tina Roberts
Regulatory Specialist II

Letter Number: 612A00012249

RECEIVED
2012 JUN 11 AM 8:18
SUFFICIENCY OF FILING

PATRICK K. FLANAGAN, CPA, P.A.

State of Florida

Division of Corporations

RE: GULFCOAST THERAPEUTIC CENTER, INC.

DISSOLUTION PAPERS

CHECK FOR $35.00 PREVIOUSLY SENT

REQUESTED INFORMATION ENCLOSED.

ANY QUESTIONS,

PLEASE CALL (813) 503-2325.

Patrick K. Flanagan

CPA

10014 N. Dale Mabry Hwy, Suite 101 • Tampa, FL 33618

Phone (813) 933-6826 • Fax (813) 926-2682

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GULF COAST THERAPEUTIC CENTER, INC.

DOCUMENT NUMBER: G20382

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

Please return all correspondence concerning this matter to the following:

SHERRY L. FEARS
(Name of Contact Person)

GULF COAST THERAPEUTIC CENTER, INC.
(Firm/Company)

165 4th AVE. N.
(Address)

TIERRA VERDE FL 33715
(City/State and Zip Code)

For further information concerning this matter, please call:

SHERRY FEARS at (727) 480-7921
(Name of Contact 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, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 Florida Department of State:

GULF COAST THERAPEUTIC CENTER, INC.

SECOND: The document number of the corporation (if known): G 20382

THIRD: The date dissolution was authorized: 4/12/2012

Effective date of dissolution if applicable: 5/1/2012
(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 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

Sherry L Fears
(voting group)

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TALLAHASSEE FLORIDA

Signature: Sherry L Fears
(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)

SHERRY L. FEARS
(Typed or printed name of person signing)

PRESIDENT
(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. 607.1407, F.S.

This "***Notice of Corporate Dissolution***" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: GULF COAST THERAPEUTIC 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)

165 4th AVE. N.
TIERRA VERDE FL 33715

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.

SHERRY L. FEARS
Printed Name of the Person Filing

Sherry L Fears
Signature of the Person Filing

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