

J 257 33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

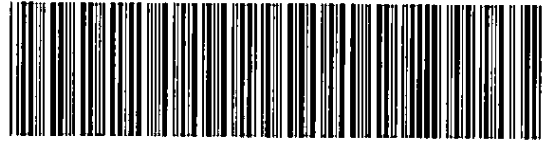
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2019 MAY 20 P 12 46

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SECRET
C.C. & M.C.

POWERS
POWERS PYLES SUTTER & VERVILLE PC
ATTORNEYS AT LAW

Mark Fitzgerald
Mark.Fitzgerald@PowersLaw.com
202.872.6771

May 14, 2019

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

Subject: Dissolution of Florida Health Plans, Inc.
DOCUMENT NUMBER: J25733

Dear Madam/Sir:

The enclosed Articles of Dissolution are submitted for filing. Please return all correspondence concerning this matter to the following:

Mark Fitzgerald
Powers, Pyles, Sutter & Verville, PC
1501 M Street, NW
Seventh Floor
Washington, DC 20005

For further information concerning this matter, please call: Mark Fitzgerald at 202-872-6771.

Enclosed is a check in the amount of \$43.75 for the filing fee and a certified copy. An additional copy of the Articles of Dissolution is enclosed.

Sincerely,



Mark Fitzgerald

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:
FLORIDA HEALTH PLANS, INC.

SECOND: The document number of the corporation (if known): J25733

THIRD: The date dissolution was authorized: May 3, 2019

Effective date of dissolution if applicable: _____
(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.

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

(voting group)

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)

Mark Nix

(Typed or printed name of person signing)

Secretary

(Title of person signing)

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TALLAHASSEE, FLORIDA