

J29030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

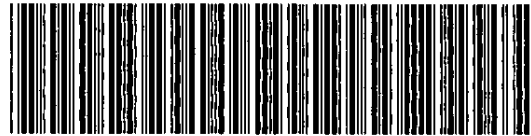
(Document Number)

Certified Copies _____ Certificates of Status _____

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10

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RECEIVED
10 OCT 28 PM 4:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10-28-10
Volum.
Diss.
W/Notice

FILED
10 OCT 28 PM 4:09
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AmeriHealth of Florida, Inc. Articles of Dissolution

DOCUMENT NUMBER: J29030

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

Please return all correspondence concerning this matter to the following:

Thomas O'Connell

(Name of Contact Person)

Senior Counsel, Independence Blue Cross

(Firm/Company)

1901 Market Street

(Address)

Philadelphia PA 19103

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas O'Connell

(Name of Contact Person)

at (215) 241-4896

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input 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 checked="" 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

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:
AmeriHealth of Florida, Inc.
- SECOND: The document number of the corporation (if known): J29030
- THIRD: The date dissolution was authorized: October 6, 2010
Effective date of dissolution if applicable: Date filed with Department of State
(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

(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)

Daniel J. Hilferty

(Typed or printed name of person signing)

President & Chief Executive Officer

(Title of person signing)

Filing Fee: \$35

FILED
10 OCT 28 PM 4:09

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: AmeriHealth of Florida, 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, Mailing Address, Telephone Number, Email Address (if applicable),

Description of claim: Date of stated claim, amount of claim, copy of receipt of
monetary amount of claim or other such legal proof of claim as may be
acceptable under Florida law.

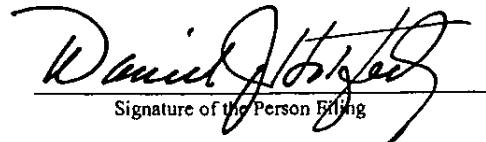
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

AmeriHealth of Florida, Inc.
c/o Keystone Health Plan East, Inc.
1901 Market Street
Philadelphia, PA 19103
Attn.: Legal Department

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.

Daniel J. Hilferty
President & Chief Executive Officer
AmeriHealth of Florida, Inc.

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