

L68342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

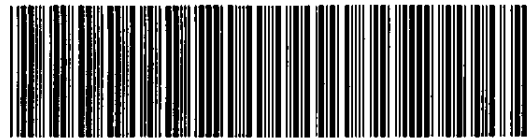
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/16/11--01032--024 **35.00

EFFECTIVE L.I.L.
6/1/11

2011 MAY 16 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

5-2311

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: L68342

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

Please return all correspondence concerning this matter to the following:

Thomas C. Walt

(Name of Contact Person)

AmeriCare Health Systems, Inc.

(Firm/Company)

PO Box 51582

(Address)

Jacksonville Beach, FL 32240-1582

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas C. Walt

(Name of Contact Person)

at (904) 309-0839

(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

EFFECTIVE DATE
6/1/11

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:

AMERICARE HEALTH SYSTEMS, INC

SECOND: The document number of the corporation (if known): L68342

THIRD: The date dissolution was authorized. 5-20-11

Effective date of dissolution if applicable: 06/01/2011

(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

THOMAS C. WALT (owns 100% of the shares)

(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)

THOMAS C. WALT

(Typed or printed name of person signing)

OWNER/PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA