

L76987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

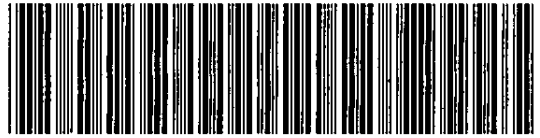
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 MAY -5 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2009

JAMES A. HORVATH
HEALTH SEARCH INC.
P.O. BOX 48
NEWRY, PA 16665

SUBJECT: HEALTH-SEARCH, INC.
Ref. Number: L76987

We have received your document for HEALTH-SEARCH, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 609A00008414

RECEIVED
2009 MAY -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2009

JAMES A. HORVATH
HEALTH-SEARCH, INC.
P.O. BOX 48
NEWRY, PA 16665

SUBJECT: HEALTH-SEARCH, INC.
Ref. Number: L76987

We have received your document for HEALTH-SEARCH, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 409A00000353

RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2009 MAR 11 AM 8:00

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health Search Inc.

DOCUMENT NUMBER: L76987

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

Please return all correspondence concerning this matter to the following:

James A. Horvath
(Name of Contact Person)

Health Search Inc.
(Firm/Company)

PO Box 48
(Address)

Newry Pa. 16645
(City/State and Zip Code)

For further information concerning this matter, please call:

James A. Horvath at (814) 935-2180
(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:

Health Search Inc.

SECOND: The document number of the corporation (if known): L76987

THIRD: The date dissolution was authorized: 1-7-09 + 3-4-09

Effective date of dissolution if applicable: _____
(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

1 - James Horvath
(voting group)

Signature: James A Horvath

(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)

James A. Horvath
(Typed or printed name of person signing)

pres
(Title of person signing)

FILED
09 MAY -5 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35