

M90511

(Requestor's Name)

(Address)

(Address)

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DIVISION OF CORPORATIONS
05 JUL - 7 AM 9:48

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W/Notice

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D



BlueCross BlueShield of Florida

An Independent Licensee of the
Blue Cross and Blue Shield Association

4800 Deerwood Campus Parkway 100-7
Jacksonville, Florida 32246-8273

P. O. Box 4513
Jacksonville, Florida 32232-5133

Legal Affairs Division

Joni J. Gilliard

Telephone: (904) 905-6191

Telecopier: (904) 905-6054

Internet E-mail: Joni.Gilliard@bcbsfl.com

July 1, 2005

Division of Corporations
Amendment Section
409 E. Gaines Street
Tallahassee, Florida 32399

**RE: Dissolution of Health Options Connect, Inc.
 Dissolution of Health Options Diversified, Inc.**

To Whom It May Concern:

Enclosed, you will find completed forms for filing Articles of Dissolution to dissolve the two Florida profit corporations identified above.

Pursuant to section 607.1403, Florida Statutes, these Florida profit corporations submit the following:

Transmittal Letter;

Articles of Dissolution form, including a copy of the executed Corporate Articles of Dissolution;

Notice of Corporate Dissolution form;

Check in the amount of \$52.50 which satisfies the Filing Fee, Certificate of Status, Certified Copy, and;

An extra copy of all documents, as required for a Certified Copy.

Thank you in advance for your time and attention to this matter. If you have any questions, please feel free to contact me directly at (904) 905-6191.

Sincerely,

Joni J. Gilliard

Joni J. Gilliard
Legal Affairs Consultant



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Joni J. Gilliard

Joni J. Gilliard
Legal Affairs Consultant

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health Options Connect, Inc.

DOCUMENT NUMBER: M 90511

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

Please return all correspondence concerning this matter to the following:

Seth M. Phelps

(Name of Person)

Health Options, Inc.

(Name of Firm/Company)

4800 Deerwood Campus Parkway 100-7

(Address)

Jacksonville, Florida 32246

(City/State/and Zip Code)

For further information concerning this matter, please call:

Seth M. Phelps

(Name of Person)

at

(904) 905-8747

(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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SEE ATTACHED

FIRST: The name of the corporation as currently filed with the Department of State: _____

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

THIRD: The date of dissolution was authorized: _____

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 of 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)

Signed this _____ day of _____, _____.

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)

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL -7 AM 9:18

**ARTICLES OF DISSOLUTION
FLORIDA DISSOLUTION
OF
HEALTH OPTIONS CONNECT, INC.**

Pursuant to Section 607.1403 of the Florida Business Corporation Act of Florida, the undersigned Corporation adopts these Articles of Dissolution.

**ARTICLE ONE
HEALTH OPTIONS CONNECT, INC.**

The name of the Corporation is Health Options Connect, Inc.

**ARTICLE TWO
DISSOLUTION AUTHORIZED**

Dissolution of the Corporation was authorized on June 21, 2005.

**ARTICLE THREE
SHAREHOLDER APPROVAL**

The number of votes cast by the shareholders for dissolution was **sufficient** for approval.

{continued}

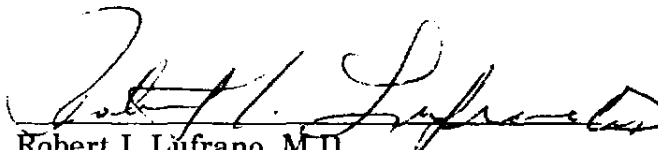
ARTICLE FOUR

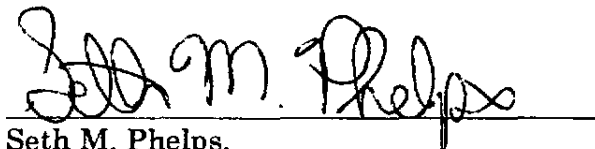
DISPOSITION OF ASSETS

The secretary of Health Options Connect, Inc. is hereby authorized to coordinate with the employees of the shareholder to satisfy any and all outstanding debts remaining of the Corporation and distribute the remaining assets to the shareholders in proportion to their ownership of the Corporation.

Dated: 6/27/05

Health Options Connect, Inc.


Robert I. Lufrano, M.D.,
Chairman and President

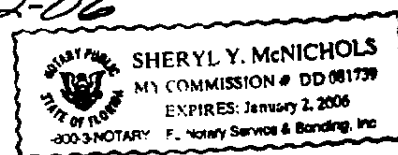

Seth M. Phelps,
Secretary

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me on 6-27-05, by the shareholders of Health Options Connect, Inc., on behalf of the Corporation.


Notary Public
My Commission Expires: 1-2-06

Personally Known ✓



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: Health Options Connect, 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 of Claimant

Identification Number applicable to dispute

Member, Provider or Vendor Issue

Description of Complaint Including All Details Known

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

Seth M. Phelps

4800 Deerwood Campus Parkway #100-7

Jacksonville, Florida

32246

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.

Seth M. Phelps

Printed Name of the Person Filing

Seth M. Phelps

Signature of the Person Filing

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