

NO000002451

215 S. Monroe Street, Suite 815
Address

Tallahassee, FL
City/State/Zip

681-9027

Phone #

Ask for Maggie
or John Mark

500004853525--1.
-02/01/02--01054--009
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Articles of Dissolution
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
RECEIVED
02 FEB - 1 PM 3:54
02 FEB - 1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is Florida Medicaid Providers Association

SECOND: The articles of incorporation were filed on April 12, 2000

THIRD: The corporation has not commenced to conduct its affairs.

FOURTH: No debts of the corporation remain unpaid.

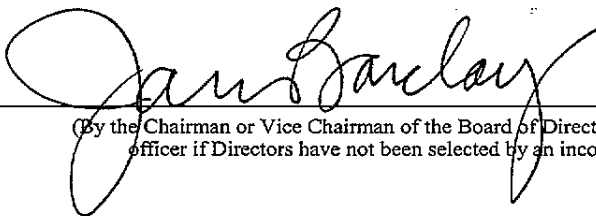
FIFTH: Adoption of dissolution **(CHECK ONE)**

(Note: Cannot be authorized by an incorporator if the corporation has directors)

- ☒ The dissolution was authorized by a majority of the directors:
OR
☐ The dissolution was authorized by an incorporator.
☐ The dissolution was authorized by a majority of the incorporators.

Signed this 24th day of January, 2001

Signature



(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if Directors have not been selected by an incorporator)

James M. Barclay

(Typed or printed name)

President

(Title)

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