

N00000003017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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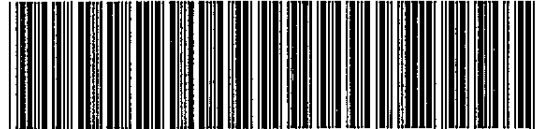
(Business Entity Name)

(Document Number)

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06/20/05--01072--002 \*\*35.00

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05 JUN 20 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Diss.*

C. Coulllette JUN 23 2005



James R. Nici  
Juris Doctorate in Law  
Master of Laws in Taxation  
Board Certified in Wills, Trusts and Estates  
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June 16, 2005

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

***SENT VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED***  
***# 70040750000069999720***

***Re:*** Sarasota Foundation For Healthcare Alternatives, Inc.  
Corporate Dissolution

Dear Sir/Madam:

Enclosed is the Articles of Dissolution for the above-referenced entity, together with check # 399 in the amount of \$35, representing your filing fee.

Please acknowledge receipt of the within document by stamping the duplicate copy of this cover letter and returning to me in the prepaid envelope provided. If there is any further action required to dissolve this Corporation, please contact me at the information provided above.

Please feel free to contact me if you have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to read 'J. R. Nici'.

James R. Nici

JRN/sw  
Enclosures  
cc: Sarasota Foundation For Healthcare Alternatives, Inc.

ARTICLES OF DISSOLUTION

FILED  
05 JUN 20 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
SARASOTA FOUNDATION FOR HEALTH CARE ALTERNATIVES, INC.

SECOND: The document number of the corporation (if known): N00000003017

THIRD: Adoption of Dissolution  
(Complete Section I or II)

**SECTION I**

**If the corporation has members entitled to vote:**

The date of the meeting of members at which the resolution to dissolve was adopted  
\_\_\_\_\_

(CHECK ONE)

- ☐ The number of votes cast for dissolution was sufficient for approval.
- ☐ The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

**SECTION II**

**If the corporation has no members or members entitled to vote on the dissolution.**

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was April 28<sup>th</sup> 2005.

The number of directors in office was three (3) and the vote for resolution was three (3) for and ZERO (0) against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: UPON FILING  
(no more than 90 days after dissolution file date)

Signed this 27 day of May, 2005.

Signature [Signature]  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

NICOLE SWALM  
(Typed or printed name of the person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**