

1000003509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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D.S. [Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 12 PM 12:38

FILED

1-13-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF NOT-FOR-PROFIT
CORPORATION.

DOCUMENT NUMBER: N 00000003509

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

Please return all correspondence concerning this matter to the following:

NANCY BONGIOVANNI

(Name of Contact Person)

NATIONAL QUALITY PATIENT CARE FOUNDATION, INC.

(Firm/Company)

9200 SW 212 TERRACE

(Address)

CUTLER BAY, FLORIDA 33189

(City/State and Zip Code)

For further information concerning this matter, please call:

NANCY BONGIOVANNI

(Name of Contact Person)

at (305) 378-5973

(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

FILED
2011 JAN 12 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 as currently filed with the Florida Department of State:
NATIONAL QUALITY PATIENT CARE FOUNDATION, INC.
- SECOND: The document number of the corporation (if known): N 00000003509
- THIRD: The file date of the articles of incorporation: MAY 30, 2000
- FOURTH: The corporation has not commenced to conduct its affairs.
- FIFTH: No debts of the corporation remains unpaid.
- SIXTH: 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.


Signature: Nancy Bongiovanni
(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)

NANCY BONGIOVANNI
(Typed or printed name of person signing)

EXECUTIVE DIRECTOR/BOARD CHAIRMAN
(Title of person signing)

Filing Fee: \$35

FOURTH: Effective date of dissolution if applicable: 12/20/2010
(no more than 90 days after dissolution file date)

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.)

NANCY BONGIOVANNI
(Typed or printed name of the person signing)

EXECUTIVE DIRECTOR/CHAIRMAN OF BOARD
(Title of person signing)

FILING FEE: \$35