

NO10000001235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

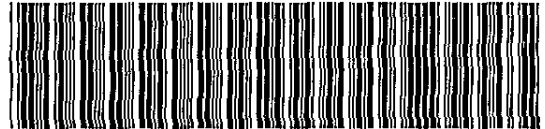
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/05--01042--007 **43.75

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05 MAY 11 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 5/11/05



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 21, 2005

CORRECTIONAL HEALTH SERVICES ASSOCIATES, INC.
ATTN: JUDITH ANN FAIRWEATHER
7040 BUCK LAKE RD
TALLAHASSEE, FL 32317-9593

SUBJECT: CORRECTIONAL HEALTH SERVICES ASSOCIATES, INC.
Ref. Number: N01000001235

We have received your document for CORRECTIONAL HEALTH SERVICES ASSOCIATES, 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):

Articles of Dissolution for a nonprofit corporation must comply with either section 617.1401 or 617.1403, Florida Statutes.

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) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 305A00027442

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF
CORRECTIONAL HEALTH SERVICES ASSOCIATES, INC

DOCUMENT NUMBER: NO10000001235

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

Please return all correspondence concerning this matter to the following:

Judith Ann Fair
(Name of Person)

CORRECTIONAL HEALTH SERVICES ASSOCIATES, INC
(Name of Firm/Company)

7040 BUCK LAKE ROAD
(Address)

TALLAHASSEE, FL 32317-9593
(City/State/and Zip Code)

For further information concerning this matter, please call:

Judith Fairweather at (850) 878-4996
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: SEE ATTACHED LETTER #305A000274

- | | | | |
|--|--|---|---|
| <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 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

FILED

05 MAY 11 AM 8:46

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:

CORRECTIONAL HEALTH SERVICES ASSOCIATES, INC.

SECOND: The document number of the corporation (if known): NO1000001235

THIRD: The file date of the articles of incorporation: 2/21/2001

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.

Signed this 9th day of May, 2005.

Signature:

Judith Ann Fairweather

(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)

Judith Ann Fairweather
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35