

NO/000003948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

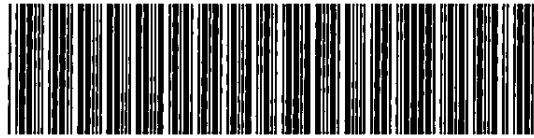
(Document Number)

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FILED  
07 MAY -2 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dis  
[Signature]

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of STAR Behavioral Health Services Inc.

**DOCUMENT NUMBER:** NO1000003948

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

Please return all correspondence concerning this matter to the following:

Deborah J. Smith

(Name of Contact Person)

STAR Behavioral Health Services Inc

(Firm/Company)

711 Ballard St

(Address)

Altamonte Springs FL 32701

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Smith

(Name of Contact Person)

at (407) 331-1903

(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

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07 MAY -2 AM 11:01

SECRETARY OF STATE  
ARTICLES OF DISSOLUTION TALLAHASSEE, FLORIDA

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:

Star Behavioral Health Services, Inc.

SECOND: The document number of the corporation (if known): N01000003948

THIRD: Adoption of Dissolution  
(COMPLETE SECTION I OR II)

**SECTION I**

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

(CHECK/COMPLETE ONE)

☐ The date of the meeting of members at which the resolution to dissolve was adopted  
\_\_\_\_\_. The number of votes cast by the  
members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in  
accordance with section 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 4-29-2007

The number of directors in office was 2 and the vote for resolution was

2 for and 0 against. (must be a majority vote)

FOURTH:

Effective date of dissolution if applicable:

4-30-2007

(no more than 90 days after dissolution file date)

Signature

Deborah Smith

(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.)

Deborah Smith

(Typed or printed name of the person signing)

President

(Title of person signing)

**FILING FEE: \$35**