

ND1000006469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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05/17/10--01049--003 \*\*43.75

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2010 MAY 17 A 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Thewis  
5-18-10

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: N01000006469

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

Please return all correspondence concerning this matter to the following:

Bob Miller

(Name of Contact Person)

Healthcare Consultants of Central Florida, Inc.

(Firm/Company)

P.O. Box 915726

(Address)

Longwood, FL 32791-5726

(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda Bagwell, CPA

(Name of Contact Person)

at ( 407 ) 834-2727

(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

RECEIVED  
2010 MAY -6 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2010

BOB MILLER  
HEALTHCARE CONSULTANTS OF CENTRAL FL  
P. O. BOX 915726  
LONGWOOD, FL 32791-5726

SUBJECT: RECOVERING PHARMACISTS NETWORK OF FLORIDA, INC.  
Ref. Number: N01000006469

We have received your document for RECOVERING PHARMACISTS NETWORK OF FLORIDA, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 410A00011485

## ARTICLES OF DISSOLUTION

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:

Recovering Pharmacists Network of Florida, Inc.

SECOND: The document number of the corporation (if known): N01000006469

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 \_\_\_\_\_.

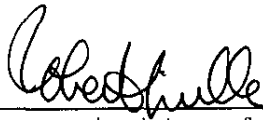
The number of directors in office was \_\_\_\_\_ and the vote for resolution was

\_\_\_\_\_ for and \_\_\_\_\_ against. (must be a majority vote)

**FILED**  
2010 MAY 17 A 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: 12/31/09  
(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.)

Bob Miller

(Typed or printed name of the person signing)

Executive Director/Chairman

(Title of person signing)

**FILING FEE: \$35**