# M0100008480

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

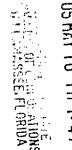
Office Use Only



200053637992



09/10/05--01085--002 \*\*52.50



Show the state of the state of

### **COVER LETTER**

SUBJECT: Florida Alliance for Quality Nursing F	Home Care, Inc.	<del></del> -
DOCUMENT NUMBER: N01000008480		
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Shanna Kaye Crawley		
(Name	of Person)	<del></del>
Smith & Ballard		
(Name of I	Firm/Company)	
403 East Park Avenue		
(Adı	dress)	<del></del>
Tallahassee, FL 32301		
(City/State/a	and Zip Code)	
For further information concerning this matter,	, please call:	
Shanna Kaye Crawley	at ( 850 ) 577-044	4
(Name of Person)	at (850 ) 577-044 (Area Code & Daytin	ne Telephone Number)
Enclosed is a check for the following amount:		
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status		2 \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:	

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

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

# FILED

## ARTICLES OF DISSOLUTION

05 MAY 10 PM 3:09

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporations and profit corporations of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	FLORIDA ALLIANCE FOR QUALITY NURSING HOME CARE, INC.		
SECOND:	The document number of the corporation (if known): N01000008480		
THIRD:	The file date of the articles of incorporation: DECEMBER 4, 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 25 day of APRIL 2005		
Signed this			
	(b) 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)		
	J. NORMAN ESTES		
	(Typed or printed name of person signing)		
	DIRECTOR		
	(Title of person signing)		

Filing Fee: \$35