

N02000006778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

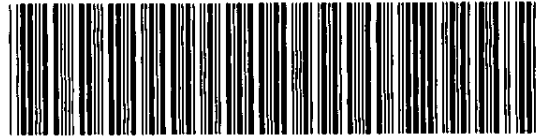
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Vol. 13.

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Health Care Foundation, Inc.

Signature _____

Requested by: Seth

06/30/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
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14 JUL 30 FILED

**ARTICLES OF DISSOLUTION
OF
GREATER LAKE WALES HEALTH CARE FOUNDATION, INC.**

Pursuant to Section 617.1403, *Florida Statutes*, this corporation submits the following articles of dissolution:

- FIRST: The name of the corporation being dissolved is **GREATER LAKE WALES HEALTH CARE FOUNDATION, INC.**
- SECOND: The date of incorporation of the corporation: September 6, 2002
- THIRD: The Board of Directors and members of **GREATER LAKE WALES HEALTH CARE FOUNDATION, INC.** by Written Action dated the 12th day June, 2014, unanimously approved a resolution directing the dissolution of the corporation.
- FOURTH: These Articles of Dissolution shall be effective upon filing.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed on behalf of **GREATER LAKE WALES HEALTH CARE FOUNDATION, INC.**, by its duly authorized officers this 12th day of June, 2014.

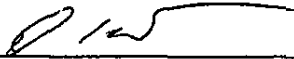
**GREATER LAKE WALES HEALTH CARE
FOUNDATION, INC.**

BY: 
NORMAN WHITE, President

(Corporate Seal)

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 12th day of June, 2014,
by **NORMAN WHITE**, as President of the Corporation, [☒] who is personally known to me or []
who has produced _____ as identification.



Notary Public/State of Florida
My Commission Expires:

