

ND30000000149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

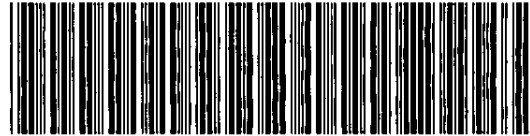
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/30/14--01009--006 **35.00

FILED
14 DEC 30 AM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRM
1-5-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution for Southwest Florida Behavioral Health, Inc.

DOCUMENT NUMBER: N03000000149

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

Please return all correspondence concerning this matter to the following:

SCOTT GELTEMEYER

(Name of Contact Person)

DAVID LAWRENCE MENTAL HEALTH CENTER, INC

(Firm/Company)

6075 BATHEY LANE

(Address)

NAPLES FL 34116

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM L ROGERS

(Name of Contact Person)

at (239) 293-9643

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

X \$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

FILED
14 DEC 30 AM 14:00
TALLAHASSEE, FL 32301
SECRETARY OF STATE

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:

SOUTHWEST FLORIDA BEHAVIORAL HEALTH, INC.

SECOND: The document number of the corporation (if known): N03000000149

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 meeting of members at which the resolution to dissolve was adopted

_____ . The number of votes cast by the members was _____ sufficient for approval.

X 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)

FOURTH Effective date of dissolution, if applicable: _____
(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)

KEVIN LEWIS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
14 DEC 30 AM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: SOUTHWEST FLORIDA BEHAVIORAL HEALTH, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the **Articles of Dissolution**.

Description of information that must be included in a claim:

NAME, ADDRESS AND TELEPHONE NUMBER OF CLAIMANT, INCLUDING ANY PRIOR NAME USED AT TIME OF ACCRUAL OF CLAIM

ACCOUNT NUMBER ASSIGNED TO ACCOUNT

AMOUNT OF CLAIM

COPIES OF ANY WRITTEN DOCUMENTS SIGNED BY SOUTHWEST FLORIDA BEHAVIORAL HEALTH INC., PURPORTING TO AGREE TO PAYMENT OF THE CLAIM

ALL PURCHASE ORDERS, INVOICES, STATEMENTS, OR OTHER WRITINGS OR DOCUMENTS SUPPORTING THE CLAIM

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

SCOTT GELTEMEYER

6075 BATHEY LANE

NAPLES FL 34116

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

KEVIN LEWIS

Printed Name of the Person Filing

Kevin Lewis
Signature of the Person Filing