

NO3000001709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

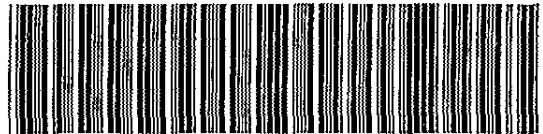
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
03 DEC 22 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Coulllette, JAN 05 2004

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**SUBJECT: DISSOLUTION OF TOTALCARE COMMUNITY MENTAL HEALTH
CENTER INC.,**

Enclosed is articles of dissolution and a check in the amount of \$43.75 for the following:

1. Filing fee for the articles of dissolution
2. Certified copies of the dissolution.

Diana Wright
5649 N.W. 106th Way
Coral springs, FL 33076
Tel: (954) 755-5943

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is TOTALCARE COMMUNITY MENTAL HEALTH CENTER, INC.

SECOND: The articles of incorporation were filed on FEBRUARY 21, 2003

THIRD: The corporation has not commenced to conduct its affairs.

FOURTH: No debts of the corporation remain unpaid.

FIFTH: 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

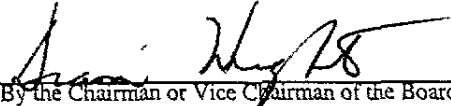
☒ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

Signed this 16TH day of DECEMBER, 2003

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Signature


(By the Chairman or Vice Chairman of the Board of Directors, President or other officer - if Directors have not been selected by an incorporator.)

DIANA WRIGHT

Typed or printed name

INCORPORATOR

Title