

NO 500005689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

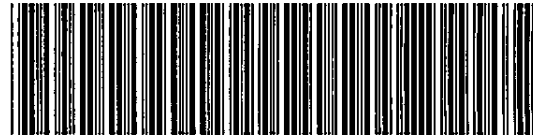
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VIO

FEB 20 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Lee Memorial Medical Management, Inc.

DOCUMENT NUMBER: N05000005689

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

Please return all correspondence concerning this matter to the following:

Mary McGillicuddy

(Name of Contact Person)

Lee Memorial Medical Managment, Inc.

(Firm/Company)

2776 Cleveland Avenue, MOC 459

(Address)

Ft. Myers, FL 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary McGillicuddy

(Name of Contact Person)

at (**239**)

(Area Code)

343-2383

(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

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:

Lee Memorial Medical Management, Inc.

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

N05000005689

(COMPLETE SECTION I OR II)

Adoption of Dissolution

THIRD:

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.

☐ 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 2/6/14

The number of directors in office was 8 and the vote for resolution was 8 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: (no more than 90 days after dissolution file date)

Signature: Mary A. McGillicuddy
(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)

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35

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14 FEB 20 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LEE MEMORIAL MEDICAL MANAGEMENT, INC.
A FLORIDA NONPROFIT CORPORATION

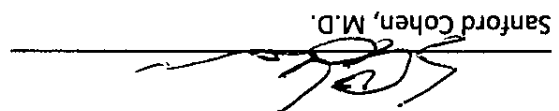
Plan of Distribution of Assets

For Purposes of Dissolution of the Corporation

This Plan for Distribution of Assets has been adopted by the board of directors of the above referenced corporation pursuant to section 617.1406, Florida Statutes (2012).

1. The liabilities of the corporation are in the amount of \$0.00. All liabilities of the corporation have been paid and discharged as of the date this Plan is adopted.
2. The assets of the corporation are in the amount of \$0.00. There are no assets held under condition of return, transfer or conveyance.

Adopted by the board of directors of the corporation on February 6, 2014.


Sanford Cohen, M.D.

Lee Memorial Medical Management, Inc. Board of Directors