

140500005861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

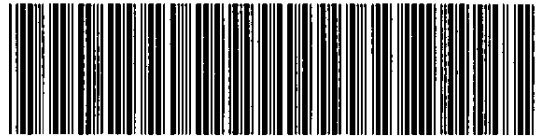
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2009 APR 20 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corp. / ECHO GERIATRIC MANAGEMENT

DOCUMENT NUMBER: NØ5ØØØØØ5861

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

Please return all correspondence concerning this matter to the following:

Linda Minard

(Name of Contact Person)

ECHO GERIATRIC MANAGEMENT

(Firm/Company)

16790 WEST STALLION DRIVE

(Address)

LOKAHATCHEE FL 33470

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Minard

(Name of Contact Person)

at (561) 304-7534

(Area Code & 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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ECHO GERIATRIC MANAGEMENT INC.

SECOND: The document number of the corporation (if known): NØ5ØØØØ5861

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 the 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 ~~APR 20~~ JAN 2ND 2009

The number of directors in office was 2 and the vote for resolution was

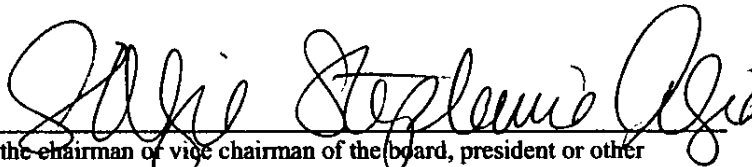
2 for and Ø against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable:

DECEMBER 31ST 2008

(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.)

STEPHANIE ALGIE

(Typed or printed name of the person signing)

VICE PRESIDENT

(Title of person signing)

FILING FEE: \$35