

N06000010361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

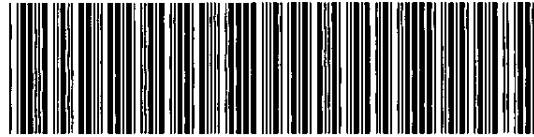
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Buena Vida Health Services-San Antonio, Inc.

**DOCUMENT NUMBER:** N06000010361

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

Please return all correspondence concerning this matter to the following:

Charles H. Lam

(Name of Contact Person)

Buena Vida Health Services, Inc.

(Firm/Company)

13490 Old Livingston Road

(Address)

Naples, FL 34109-3855

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles H. Lam

(Name of Contact Person)

at ( 239 ) 514-4484

(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

## 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 as currently filed with the Florida Department of State:

Buena Vida Health Services-San Antonio, Inc.

SECOND: The document number of the corporation (if known): N06000010361

THIRD: The file date of the articles of incorporation: 10/3/2006

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

FIFTH: No debts of the corporation remains unpaid.

SIXTH: 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.

SECRETARY OF STATE  
411 LASSEF, FLORIDA

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Signature: \_\_\_\_\_

*Charles Lam*

(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)

Charles H. Lam

(Typed or printed name of person signing)

Secretary, Board of Directors

(Title of person signing)

Filing Fee: \$35