## N07000000972

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## KOCHMAN & ZISKA PLC

Ronald S. Kochman\* Maura A. Ziska

\*Also admitted in New York

Esperanté

222 Lakeview Avenue, Suite 950 West Palm Beach, Florida 33401

Telephone: (561) 802-8960 Facsimile: (561) 802-8995

April 25, 2008

## Federal Express

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Medical Care Foundation of the Palm Beaches, Inc.

Document #N0700000972

Dear Sir/Madam:

Enclosed is an Articles of Dissolution of Medical Care Foundation of the Palm Beaches, Inc. Also enclosed is a check in the amount of \$43.75 representing the filing fee and a certified copy. Please return the certified copy to us in the envelope enclosed.

If you have any questions, please call me.

Sincerely,

Kelly (USmith, CLA Certified Legal Assistant

**Enclosures** 

00001568



## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

The name of the corporation as currently filed with the Florida Department of State:	
Medical Care Foundation of the Palm Beaches, Inc.	
The document number of the corporation (if known): N0700000972	
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	
The number of directors in office was and the vote for resolution was	
for and against. (must be a majority vote)	

Effective date of dissolution if applicable:	
	(no more than 90 days after dissolution file date)
$\bigcirc$	
Signature \( \)	
(By the chairman or vice chairman	
officer- if directors have not been se the hands of a receiver, trustee, or o	· ·
by that fiduciary.)	
Michael De	nnis
(Typed or printed name of	the person signing)
D	4
Preside	· · · · · · · · · · · · · · · · · · ·
(Title of person	signing)

FOURTH:

FILING FEE: \$35