

RD7000004791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

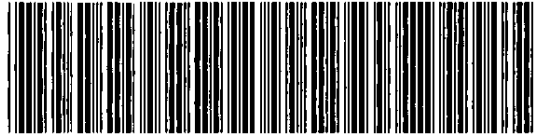
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10 APR -7 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts APR 07 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Beach Center of Health, Inc.

DOCUMENT NUMBER: NO 700000 4791

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

Please return all correspondence concerning this matter to the following:

Ceretha Thomas
(Name of Contact Person)

(Firm/Company)

1026 Dover Str
(Address)

Tallahassee FL 32304
(City/State and Zip Code)

For further information concerning this matter, please call:

Ceretha Thomas at (850) 339 3245
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2010

CERETHA THOMAS
1026 DOVER STREET
TALLAHASSEE, FL 32304

SUBJECT: PALM BEACH CENTER OF HEALTH, INC.
Ref. Number: N07000004791

We have received your document for PALM BEACH CENTER OF HEALTH, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 910A00007429

RECEIVED
2010 APR -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Beach Center of Health Inc.

DOCUMENT NUMBER: NO 700 000479/

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(Name of Contact Person)

(Firm/Company)

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(Address)

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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:

Palm Beach Center of Health, Inc.

SECOND: The document number of the corporation (if known): NO7000004791

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
March 1 2010. 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)

FOURTH: Effective date of dissolution if applicable: April 1 2010
(no more than 90 days after dissolution file date)

Signature Ceretta Thomas
(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.)

Ceretta Thomas
(Typed or printed name of the person signing)

Incorporator
(Title of person signing)

FILING FEE: \$35