

NO 70000007894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000207374090

05/09/11--01055--014 **35.00

UB

FILED
11 JUN 16 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

716-17-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2011

BRIAN BABB
VOLUSIA FLAGLER HEALTH INSURANCE, INC.
1200 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32114

SUBJECT: VOLUSIA FLAGLER HEALTH INSURANCE, INC.
Ref. Number: N07000007894

Daytona State College
RECEIVED

MAY 20 2011

PRESIDENT'S OFFICE

We have received your document for VOLUSIA FLAGLER HEALTH INSURANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

- ✓ Correct the filed date of the articles of incorporation. Also, check one of the boxes under the adoption of dissolution. The attachment is not filed with Secretary of State's office. ✓
- ✓ 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: 611A00012122

RECEIVED

11 JUN 16 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VOLUSIA FLAGLER HEALTH INSURANCE

DOCUMENT NUMBER: N07000007894

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

Please return all correspondence concerning this matter to the following:

BRIAN BABB

(Name of Contact Person)

VOLUSIA FLAGLER HEALTH INSURANCE, INC.

(Firm/Company)

1200 W INTERNATIONAL SPEEDWAY BLVD.

(Address)

DAYTONA BEACH, FL 32114

(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN BABB

(Name of Contact Person)

at (**386**) **506-4457**

(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

RECEIVED

MAY 02 2011

Accounts Payable

Accounts Payable
Accounts Payable
APR 27, 2011

RECEIVED
MAY 02 2011

ARTICLES OF DISSOLUTION

FILED
11 JUN 16 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

VOLUSIA FLAGLER HEALTH INSURANCE, INC.

SECOND: The document number of the corporation (if known): N07000007894

THIRD: The file date of the articles of incorporation: 8-10-07

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

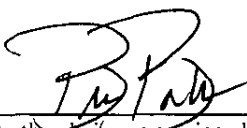
FIFTH: No debts of the corporation remains unpaid.

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.

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)

BRIAN T. BABB

(Typed or printed name of person signing)

EXECUTIVE VICE PRESIDENT

(Title of person signing)

Filing Fee: \$35