ND7000001907

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	,
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



500204035025

04/28/11-01011-016 **35.00

11 MAY 12 PH 12: 49

A1155 05/12/11

COVER LETTER

Division of Corporations			
SUBJECT: Dissolution		 	
DOCUMENT NUMBER: N0700000796	07		
The enclosed Articles of Dissolution and fee as	re submitted for	r filing.	
Please return all correspondence concerning thi	s matter to the	following:	
Deloris Singleton			
(Name of Co	ontact Person)		
African American Professional Hea	Ith Teacher	s of Tar	npa Florida
(Firm/C	Company)		
3302 Deleuil Avenue		•	
(Add	ress)		
Tampa, Fl. 33610			
(City/State a	nd Zip Code)		
For further information concerning this matter,	please call:		
Deloris Singleton	at (<u></u> 813	231-9	331
(Name of Contact Person)	(Area Co	ode & Dayti	meTelephone Number)
Enclosed is a check for the following amount:			
		ру	\$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		Amendme Division of Clifton Bu	of Corporations

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2011

DELORIS SINGLETON 3302 DELEUIL AVENUE TAMPA, FL 33610

SUBJECT: THE AFRICAN AMERICAN PROFESSIONAL HEALTH TEACHERS

OF TAMPA BAY, INC

Ref. Number: N07000007907

We have received your document for THE AFRICAN AMERICAN PROFESSIONAL HEALTH TEACHERS OF TAMPA BAY, 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):

PLEASE CHECK ONLY 1(ONE) BOX.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 411A00010714

5/9/11 Thank you so much . Delais Singleton

PECEIVED

11 MAY 12 AM 8: 47

SECKETARY OF STATE

ARTICLES OF DISSOLUTION

FIRST:	The name of the corporation as currently filed with the Florida Department of State:				
	The African American Professional Health Teachers Of Tampa Bay, Inc				
SECOND:	The document number of the corporation (if known): N07000007907				
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				
	February 23, 2011 . 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: April 25, 2011 (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.) **Deloris Singleton** (Typed or printed name of the person signing) **President**

FOURTH:

FILING FEE: \$35

(Title of person signing)