

NO7000011087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

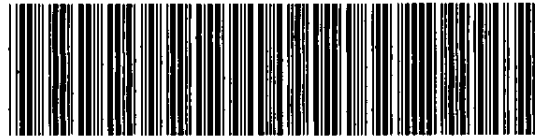
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/14/10--01021--020 **35.00

FILED
10 APR 14 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dis
C.COULLETTE

APR 15 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: N07000011087

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

Please return all correspondence concerning this matter to the following:

MADELINE RODRIGUEZ

(Name of Contact Person)

SPECIAL HEALTH SERVICES INC

(Firm/Company)

10395 NW 46 STREET

(Address)

DORAL FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

MADELINE RODRIGUEZ at (305) 718-3857

(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

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:

SPECIAL HEALTH SERVICES INC

SECOND: The document number of the corporation (if known): NO7000011087

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
DECEMBER 31, 2009. 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.

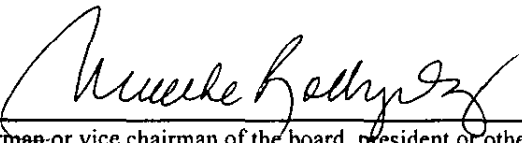
The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was THREE and the vote for resolution was

THREE for and -0- against. (must be a majority vote)

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TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: APRIL 30, 2010
(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.)

MADLINE RODRIGUEZ
(Typed or printed name of the person signing)

DIRECTOR
(Title of person signing)

FILING FEE: \$35