

N09.000010070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

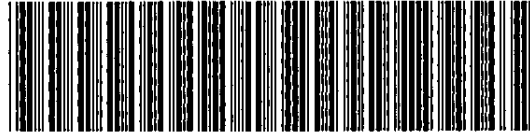
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAY -8 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

voldis

MAY 9 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of the Citrus Health Exchange Inc

DOCUMENT NUMBER: NO9000010070

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

Please return all correspondence concerning this matter to the following:

Anita Kumar
(Name of Contact Person)

Citrus Health Exchange, Inc.
(Firm/Company)

305 South Salisbury Terrace
(Address)

Lecanto, Florida 34461
(City/State and Zip Code)

For further information concerning this matter, please call:

Anita Kumar at (352) 586 8238
(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

May 07, 2012

Darlene Connell

Regulatory Specialist II

Letter Number – 812A0012681

Subject- CITRUS HEALTH EXCHANGE, INC.

Ref Number- N09000010070

We are returning the forms sent by you for the dissolution of the Citrus Health Exchange, Inc. We had also sent you a check for \$35 I our previous letter.

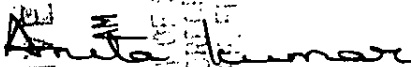
Please can you file the enclosed documents?

If you have any questions concerning the filing of the document, please call

(352) 586 8238

Thank you

Regards



Anita Kumar

Partner

Citrus Health Exchange, Inc.

RECEIVED
MAY 12 8 34 AM '12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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:

Citrus Health Exchange, Inc.

SECOND: The document number of the corporation (if known): NO90000010070

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
04-11-2012. 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)

FILED
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TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: 04 - 27 - 2012
(no more than 90 days after dissolution file date)

Signature Anita Kumar
(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.)

Anita Kumar
(Typed or printed name of the person signing)

Partner
(Title of person signing)

FILING FEE: \$35