## N10000003666

(Req	uestor's Name)	
(Add	ress)	•
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations	
subject: Corporate D	issolution
DOCUMENT NUMBER: N1000	0003666
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Vernessa (Name of Co Military Spouse Heal-	Neu ontact Person) Hh Care Professionals Inc. Company)
(Firm/	Company)
PSC 473 Box 11-201	
FPO AP 96349	and Zip Code)
For further information concerning this matter	er, please call:
Vernessa Neu (Name of Contact Person)	at (757) 333-0722 (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 & \$\ Spanning S
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

August 17, 2010

MILITARY SPOUCE HEALTH CARE PROFESSIONALS INC. VERNESSA NEU PSC 473 BOX 11-201 FPO, AP. 96349

SUBJECT: MILITARY SPOUSE HEALTH CARE PROFESSIONALS INC.

Ref. Number: N1000003666

We have received your document for MILITARY SPOUSE HEALTH CARE PROFESSIONALS 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 710A00019786



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	ARTICLES OF DISSOLUTION  ARTICLES OF DISSOLUTION  ARTICLES OF DISSOLUTION  ARTICLES OF DISSOLUTION
Pursuant to s Articles of D	section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Military Spouse Health Care Professionals Inc.
SECOND:	The document number of the corporation (if known): N1000003666
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
	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 <u>June 1, 20 10</u> .
	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: AUGUST 1, 2010
(no more than 90 days after dissolution file date)

(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.)

(Typed or printed name of the person signing)

(Tide of normal algorithm)

(Title of person signing)

FILING FEE: \$35