## N1200002590

(Req	uestor's Name)	
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10 ACKNOWLEDGE SUFFICIENCY OF FILING DEPARIMENT OF STATE

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: Florida Community Healt	th Network, Inc.	
DOCUMENT NUMBER: N120000025	90	
The enclosed Articles of Dissolution and fee a	are submitted for filing.	
Please return all correspondence concerning this	is matter to the following:	
F. Philip Blank		
(Name of C	ontact Person)	
Blank & Meenan, P.A.		
(Firm/C	Company)	
204 S. Monroe Street		
(Add	dress)	
Tallahassee, FL 32301		
(City/State a	and Zip Code)	
For further information concerning this matter,	please call:	
Kim O'Neal		
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)	
Enclosed is a check for the following amount:		
✓ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  S52.50 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

FILED

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Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the Utological Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Florida Community Health Network, Inc.
SECOND:	The document number of the corporation (if known): N12000002590
THIRD:	The file date of the articles of incorporation: March 8, 2012
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.
Sign	ature:  (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)
	F. Philip Blank
	(Typed or printed name of person signing)
	Incorporator
	(Title of person signing)

Filing Fee: \$35