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☐ PICK-UP

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(Business Entity Name)

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15 JUN -3 01 12:03
FALLAPASCO, ID 8304

NO
JUN 17 2015

R. WHITE



May 28, 2015

Secretary of State
Attn: Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: **Metroplex Hospital, Inc.**
N12000010086

Dear Sir/Madam:

Enclosed please find an original and one copy of the Articles of Dissolution for the above referenced nonprofit corporation together with our check in the amount of \$43.75, which we understand is the fee for filing the enclosures.

Sincerely,

A handwritten signature in black ink, appearing to read "TL Trimble", written in a cursive style.

TL Trimble, Esq.
Vice President
Regional Chief Legal Officer
Southeast Region

TLT/plm

Enclosures (3)

X:\legal\Division-MultiState\SW Region\MAH\MAH General\MAH 2015-2020 General\SOS-052615_MAH DissolutionFiling.doc

Extending the Healing Ministry of Christ

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Metroplex Hospital, Inc.

DOCUMENT NUMBER: N12000010086

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

Please return all correspondence concerning this matter to the following:

Tamara L. Trimble

(Name of Contact Person)

Adventist Health System Sunbelt Healthcare Corporation

(Firm/Company)

900 Hope Way

(Address)

Altamonte Springs, Florida 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

Tamara L. Trimble

at (407)

357-2304

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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:

Metroplex Hospital, Inc.

SECOND: The document number of the corporation (if known): N12000010086

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 meeting of members at which the resolution to dissolve was adopted

June 4, 2015

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)

FOURTH Effective date of dissolution, if applicable: _____

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

T. L. Trimble

(Typed or printed name of person signing)

Secretary-Treasurer

(Title of person signing)

Filing Fee: \$35