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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

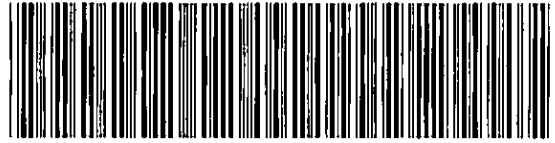
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2024 SEP 24 AM 11:42

FILE

Dissolution

OCT 16 2024

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOUNTAIN INN NURSING & REHABILITATION CENTER, INC.

DOCUMENT NUMBER: N14000009925

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)

ADVENTHEALTH

(Firm/Company)

900 HOPE WAY

(Address)

ALTAMONTE SPRINGS, FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

T. L. TRIMBLE

(Name of Contact Person)

at (407)

(Area Code)

357-2304

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 SEP 24 AM 11:42



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2024

TAMARA L TRIMBLE
ADVENTHEALTH
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714

SUBJECT: FOUNTAIN INN NURSING & REHABILITATION CENTER, INC.
Ref. Number: N14000009925

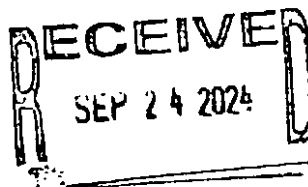
We have received your document for FOUNTAIN INN NURSING & REHABILITATION CENTER, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 024A00019261



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:
FOUNTAIN INN NURSING & REHABILITATION CENTER, INC.

SECOND: The document number of the corporation (if known): N14000009925

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

_____. 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:

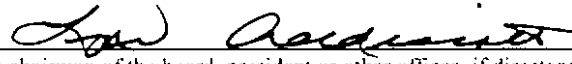
The corporation has no members or members entitled to vote on the dissolution.

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)

LYNN ADISCOTT

(Typed or printed name of person signing)

ASSISTANT SECRETARY

(Title of person signing)

Filing Fee: \$35

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Division of Corporations

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(Name of Contact Person)
ADVENTHEALTH
(Firm/Company)
900 HOPE WAY
(Address)
ALTAMONTE SPRINGS, FL 32714
(City/State and Zip Code)

2024 SEP 24 AM 11:42

For further information concerning this matter, please call:

T. L. TRIMBLE at (407) 357-2304
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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(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: Lynn Addiscott
(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)

LYNN ADDISCOTT

(Typed or printed name of person signing)

ASSISTANT SECRETARY

(Title of person signing)

Filing Fee: \$35