

N116000007075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

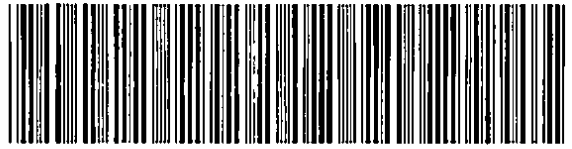
(Business Entity Name)

(Document Number)

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2021 DEC 21 AM 9:13

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2021 DEC 21 PM 3:19

TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

incserv

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 12/21/2021

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 984462

**ORDER ENTITY**  
DCA FOR HEALTH, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**DCA FOR HEALTH, INC. ( FL )**

File the attached dissolution document and provide a certified copy.

**NOTES:**  
\$43.75 Authorized

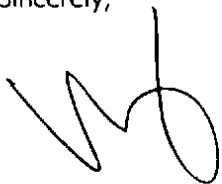
**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## ARTICLES OF DISSOLUTION

Pursuant to Section 617.1403, Florida Statutes, this Florida not-for-profit corporation submits the following Articles of Dissolution:

1. The name of the corporation as currently filed with the Florida Department of State is **DCA FOR HEALTH, INC.** (the "Corporation") and its Florida Document Number is **N16000007075**.

2. 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 **December 16, 2021**.

3. The number of Directors in office was three (3) and the vote for resolution was three (3) for and zero (0) against.

4. These Articles of Dissolution shall be effective as of **December 31, 2021**.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution on this 16th day of December, 2021.

**DCA FOR HEALTH, INC.**

By: \_\_\_\_\_

Steven J. Shulman, President

## *Notice of Corporate Dissolution*

*This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this Corporation as provided in S. 617.1407, F.S.*

*This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.*

*Name of Corporation:*     **DCA FOR HEALTH, INC.**

*Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.*

*Description of information that must be included in a claim:*

**All creditors and claimants against the Corporation are required to present, in writing, and in detail, their claims, respective accounts and demands. The claims must include the name, address and telephone number of the claimant and a description of the substance of the claim.**

*Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)*

Shutts & Bowen, LLP  
525 Okeechobee Boulevard, Suite 1100  
West Palm Beach, FL 33401  
Attention: Rikki Lober Bagatell, Esq.

A claim against the above-named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

Steven J. Shullman  
Printed Name of Person Filing

  
Signature of Person Filing