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GUNSTER YOKLEY  
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4/12/2018  
Division of Corporations

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : GUNSTER, YOKLEY & STEWART, P.A.  
Account Number : 076117000420  
Phone : (561)650-0728  
Fax Number : (561)671-2527

**DISSOLUTION OR WITHDRAWAL  
FOUNDATION FOR HEALTHCARE INITIATIVES, INC.**

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**ARTICLES OF DISSOLUTION  
OF  
FOUNDATION FOR HEALTHCARE INITIATIVES, INC.**  
*(A Florida Not for Profit Corporation)*

*Pursuant to section 617.1402, 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: Foundation for Healthcare Initiatives, Inc. (the "Corporation").
2. The document number of the Corporation is N17000004976.
3. The filing date of the Articles of Incorporation was May 9, 2017.
4. The dissolution of the Corporation was unanimously authorized by written consent of the board of directors of the Corporation dated as of April 4, 2018.
5. No debt of the Corporation remains unpaid.
6. The Articles of Dissolution shall be effective as of the filing of same with the Florida Department of State.

DATED: As of April 4, 2018

**FOUNDATION FOR HEALTHCARE  
INITIATIVES, INC.**

/s/ Debra K. Howe  
By: \_\_\_\_\_  
Debra K. Howe, Director

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**NOTICE OF CORPORATE DISSOLUTION**

This Notice of Corporate Dissolution is submitted by the dissolving corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 617.1407, Florida Statutes.

**Name of Corporation:** Foundation for Healthcare Initiatives, Inc.

**Document Number of Corporation:** N17000004976

**Date of Dissolution:** The date the Articles of Dissolution is filed with the Department of State.

**Description of Information that must be included in a written claim:** The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the corporation or its directors, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

**Mailing address where claims can be sent:** A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: Foundation for Healthcare Initiatives, Inc., 12240 Tillinghast Circle, Palm Beach Gardens, Florida 33418.

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

FOUNDATION FOR HEALTHCARE  
INITIATIVES, INC.

/s/ Debra K. Howe

By: \_\_\_\_\_  
Debra K. Howe, Director