

N180000063912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

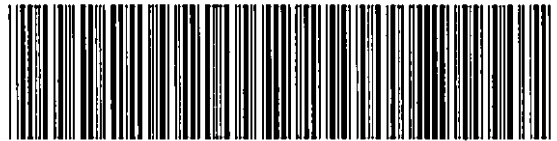
(Business Entity Name)

(Document Number)

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2018 JUL -2 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

JUL -5 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Non-Profit

**DOCUMENT NUMBER:** N18000006392

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

Please return all correspondence concerning this matter to the following:

Daphne Gardner

(Name of Contact Person)

Nurse Practitioners of Pinellas, Inc.

(Firm/Company)

4905 34th Street South, #139

(Address)

St. Petersburg, Fl. 33711

(City/State and Zip Code)

For further information concerning this matter, please call:

Daphne Gardner

(Name of Contact Person)

at (727)

(Area Code)

320-4026

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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 617.1401, 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:

Nurse Practitioners of Pinellas, Inc.

SECOND: The document number of the corporation (if known): N18000006392

THIRD: The file date of the articles of incorporation: June 8, 2018

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.

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)

Daphne Gardner

(Typed or printed name of person signing)

Owner / President

(Title of person signing)

Filing Fee: \$35

2018 JUL -2 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

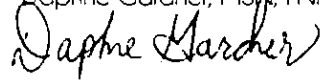
June 19, 2018

To whom it may concern:

Enclosed is a request for "Dissolution of Non-Profit" of "Nurse Practitioners of Pinellas, Inc." and forming a new LLC of Nurse Practitioners of Pinellas, LLC. I do not plan to revoke dissolution of Nurse Practitioners of Pinellas, Inc. and would like to apply for current name "Nurse Practitioners of Pinellas" as the new LLC. You may contact me with any questions at 727-320-4026.

Sincerely,

Daphne Gardner, MSN, FNP-BC

A handwritten signature in cursive script that reads "Daphne Gardner".