

N210000013776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

(Document Number)

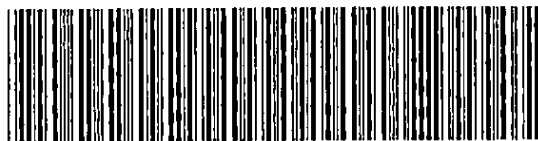
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CLERK OF STATE  
CORPORATION  
2023 MAY 16 PM 12:51

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Professional Healthcare of Florida Incorporated  
\_\_\_\_\_

**DOCUMENT NUMBER:** N21000013776  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Kirk Johnson  
\_\_\_\_\_

(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

1839 Central Avenue  
\_\_\_\_\_

(Address)

St. Petersburg, FL 33713  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Kirk Johnson  
\_\_\_\_\_

(Name of Contact Person)

at ( 727 )  
(Area Code)

210-8401  
\_\_\_\_\_

(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

## 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:

Professional Healthcare of Florida Incorporated

SECOND: The document number of the corporation (if known): N21000013776

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 April 1, 2023

The number of directors in office was <sup>3</sup> and the vote for resolution was <sup>3</sup> for and <sup>0</sup> 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: Erika Korbaj

(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)

Erika Korbaj

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED  
SECRETARY OF STATE  
2023 MAY 16 PM 12:51  
OFFICE OF CORPORATION

## 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: PROFESSIONAL HEALTHCARE OF FLORIDA, 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:*

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

Professional Healthcare of Florida, Inc.

1839 Central Avenue

St. Petersburg, FL 33713

*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.*

ERIKA KORBAY

Printed Name of the Person Filing

Erika Korbay

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**

## Affidavit of Dissolution

We, **Erika Korbaj and Robert Boehm**, being authorized officers of **Professional Healthcare of Florida Incorporated**, hereby affirm the dissolution of the Florida nonprofit corporation, number **N21000013776**, and declare that this corporation will be permanently dissolved and never reinstated.

Erika Korbaj 4/15/23

Erika Korbaj, President

Signature and Date

Robert Boehm 4/15/23

Robert Boehm, Treasurer - Secretary

Signature and Date